

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines REPUBLICAN NATIONAL COMMITTEE

ADDRESS (number and street) 310 FIRST STREET SE WASHINGTON DC 20003

2. FEC IDENTIFICATION NUMBER C00003418 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2009 through 03 31 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Randall Pullen

Signature of Treasurer Electronically Filed by Mr Randall Pullen Date 05 22 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
**REPUBLICAN NATIONAL COMMITTEE**

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |             |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-------------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 9 |  | 15158787.07 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |             |
| 2   | 0                       | 0                                 | 9 |   |   |   |   |   |  |             |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 24001809.02             |                                   |   |   |   |   |   |   |  |             |
| (c) Total Receipts (from Line 19) .....   | 6856391.32              | 25284071.93                       |   |   |   |   |   |   |  |             |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 30858200.34             | 40442859.00                       |   |   |   |   |   |   |  |             |
| 7. Total Disbursements (from Line 31) .....   | 6918205.69              | 16502864.35                       |   |   |   |   |   |   |  |             |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 23939994.65             | 23939994.65                       |   |   |   |   |   |   |  |             |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |             |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |             |
|   | 0 4                     | 2 0                               |   |   |   |   |   |   |  |             |
|   |                         | 2 0 0 9                           |   |   |   |   |   |   |  |             |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
 999 E street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
REPUBLICAN NATIONAL COMMITTEE

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 1594728.27                    | 4121421.70                        |
| (i) Itemized (use Schedule A) .....  |                               |                                   |
| (ii) Unitemized .....  | 5021736.94                    | 13274289.79                       |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 6616465.21                    | 17395711.49                       |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 122500.00                     | 257500.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 6738965.21                    | 17653211.49                       |
| 12. Transfers From Affiliated/Other Party Committees .....   | 107030.36                     | 7459241.47                        |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 10371.95                      | 165642.58                         |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 5952.59                           |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 23.80                         | 23.80                             |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 6856391.32                    | 25284071.93                       |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 6856391.32                    | 25284071.93                       |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)  |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....   | 4663614.48                            | 13367644.76                               |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b))..... ▶                           | 4663614.48                            | 13367644.76                               |
| 22. Transfers to Affiliated/Other Party<br>Committees.....   | 2210103.36                            | 2638703.36                                |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....    | 2000.00                               | 2968.80                                   |
| 24. Independent Expenditure<br>(use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(use Schedule F)..... | -17807.15                             | 100218.43                                 |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other<br>Than Political Committees .....                                     | 60195.00                              | 348129.00                                 |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....   | 0.00                                  | 45000.00                                  |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                              | 60195.00                              | 393129.00                                 |
| 29. Other Disbursements.....   | 100.00                                | 200.00                                    |
| 30. Federal Election Activity (2 U.S.C 431(20))  |                                       |   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)   |                                       |   |
| (i) Federal Share .....  | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....   | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                              | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                 | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..          | 6918205.69                            | 16502864.35                               |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) and Line 30(a)(ii)<br>from Line 31)..... | 6918205.69                            | 16502864.35                               |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 6738965.21                    | 17653211.49                       |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 60195.00                      | 393129.00                         |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 6678770.21                    | 17260082.49                       |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 4663614.48                    | 13367644.76                       |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) .....               | 10371.95                      | 165642.58                         |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) .....             | 4653242.53                    | 13202002.18                       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Scott G Abadie

Mailing Address 401 Tiffany

City State Zip Code  
River Ridge LA 70123-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abadie Veterinary Hospital Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00001

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Scott G Abadie

Mailing Address 401 Tiffany

City State Zip Code  
River Ridge LA 70123-1541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abadie Veterinary Hospital Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00002

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Anna Abers

Mailing Address 4600 Via Dolce  
Apartment 306

City State Zip Code  
Marina Del Rey CA 90292-6775

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00003

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ►

Form/Schedule : **SA11AI**

Transaction ID :

Regarding negative receipts listed on line 11(a)(i) with the description of 'ACH Return', these are interbank clearing of electronic payments processed by the Automated Clearing House (ACH) network of participating banks and the Federal Reserve. These are returns of contributions by individuals which have been deducted from our credit card merchant account or bank account by the credit card company or bank.

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |               |
|---|--|---------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 8 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |               |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert Abrams    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 16 Hudson Street<br>Apartment 6D                | <b>Transaction ID:</b> 2009M04L11ai00004            |
|   | City State Zip Code<br>New York NY 10013-3886                   | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Abbeville Press Book Publisher   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Albert Abrevaya  | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 171 Windermere Dr.                              | <b>Transaction ID:</b> 2009M04L11ai00005            |
|   | City State Zip Code<br>Blue Bell PA 19422-1455                  | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Retired Retired                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                              |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Mike & Mary Abroe | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 212 Woodbine Avenue                                     | <b>Transaction ID:</b> 2009M04L11ai00006            |
|   | City State Zip Code<br>Wilmette IL 60091-3332                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C         |   |
|   | Name of Employer Occupation<br>Milliman Consulting Actuary              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                     |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Abrutz, Jr.  
Mailing Address P.O. Box 308

City State Zip Code  
**Cameron MO 64429-0308**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cameron Regional Medical Hospital Administrator  
Center

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai00007**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Accurso  
Mailing Address 2801 7Th Avenue S.W.

City State Zip Code  
**Austin MN 55912-5522**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Austin Medical Center Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai00008**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. David E. Adams  
Mailing Address 19515 S.W. 48Th Avenue

City State Zip Code  
**Tualatin OR 97062-7708**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Geffen Mesher & Company CPA

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 30 / 2009**

**Transaction ID: 2009M04L11ai00009**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth H. Adams

Mailing Address 1016 Emeryway Way # 204

City Los Angeles State CA Zip Code 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai00010

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth H. Adams

Mailing Address 1016 Emeryway Way # 204

City Los Angeles State CA Zip Code 90067

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 18 / 2009

Transaction ID: 2009M04L11ai00011

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Jean C. Adams

Mailing Address P.O. Box 687

City Wilson State WY Zip Code 83014-0687

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai00012

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lex W. Adams

Mailing Address P.O. Box 19696

City State Zip Code  
Reno NV 89511-2404

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00013

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Peter H. & Diane Adams

Mailing Address 1065 Westridge Avenue

City State Zip Code  
Danville CA 94526-4827

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00014

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara C. Adkins

Mailing Address 3775 Jackson Bend Dr.

City State Zip Code  
Louisville TN 37777-3775

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00015

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Patricia Adkins

Mailing Address 302 S. Main Street

City Palmer State TX Zip Code 75152-9564

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00016

Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Patricia Adkins

Mailing Address 302 S. Main Street

City Palmer State TX Zip Code 75152-9564

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00017

Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mohammad Afaneh

Mailing Address P.O. Box 451614

City Ft Lauderdale State FL Zip Code 33345

FEC ID number of contributing federal political committee. **C**

Name of Employer America's Pharmacy Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00018

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Mohammad Afaneh

Mailing Address P.O. Box 451614

City State Zip Code  
Ft Lauderdale FL 33345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
America's Pharmacy C E O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00019

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Arthur S. Agatston

Mailing Address 1691 Michigan Avenue Suite 500

City State Zip Code  
Miami Beach FL 33139-2559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00020

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Abdu Aghzafi

Mailing Address 113 St Edward Place

City State Zip Code  
Palm Beach Gardens FL 33418-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00021

Amount of Each Receipt this Period  
440.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1940.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Henriette C Aghzafi

Mailing Address 113 St Edward Place

City State Zip Code  
Palm Beach Gardens FL 33418-4606

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00022

Amount of Each Receipt this Period  
440.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Ahlers

Mailing Address 722 W. McLellan Road

City State Zip Code  
Mesa AZ 85201-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00023

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Mary B. Ahlgren

Mailing Address 602 N. 3Rd Street

City State Zip Code  
LeClaire IA 52753-9407

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00024

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 15 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. W. James Aiken, Jr.  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 3020 Scottish Rite Lane   | <b>Transaction ID:</b> 2009M04L11ai00025            |
|           | City State Zip Code<br>Sewickley PA 15143-2420  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired      Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Herbert Ailes  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 129 Bufflehead Drive  | <b>Transaction ID:</b> 2009M04L11ai00026            |
|           | City State Zip Code<br>Kiawah Island SC 29455-5738  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired      Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Heino Ainsö   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 61 Highbrook Ave.  | <b>Transaction ID:</b> 2009M04L11ai00027            |
|           | City State Zip Code<br>Pelham NY 10803-1713  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Requested      Occupation Engineer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |
|---|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 16 / 1940</span><br>(check only one)   |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. John M. Airy</p> <p>Mailing Address 17207 N. Boswell Blvd.<br/>Apartment 106</p> <p>City State Zip Code<br/><b>Sun City AZ 85373-3001</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/><b>400.00</b></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai00028</p> <p>Amount of Each Receipt this Period<br/><b>200.00</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Michael Aki</p> <p>Mailing Address P.O. Box 378</p> <p>City State Zip Code<br/><b>Lawai HI 96765-0378</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Hawaii Partition Systems      Occupation Constuction</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/><b>1600.00</b></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai00029</p> <p>Amount of Each Receipt this Period<br/><b>500.00</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 0  | 3   | / | 3 | 0 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Jane G. Akin</p> <p>Mailing Address 55 Hillcrest Road</p> <p>City State Zip Code<br/><b>Weston MA 02493-2020</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Homemaker      Occupation Homemaker</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/><b>500.00</b></p> | <p>Date of Receipt<br/> <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai00030</p> <p>Amount of Each Receipt this Period<br/><b>500.00</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |
| 0   | 3   | / | 0 | 6 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |

|   |                       |
|---|-----------------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p><b>1200.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 17 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James C. Alban, III

Mailing Address 3908 N. Charles Street

City Baltimore State MD Zip Code 21218-1799

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai00031

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert H. Alcorn

Mailing Address 200 Midland Drive

City Pinehurst State NC Zip Code 28374-8255

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai00032

Amount of Each Receipt this Period 200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James J Alex

Mailing Address 1 Shore Lane No. 2701

City Jersey City State NJ Zip Code 07310-2080

FEC ID number of contributing federal political committee. **C**

Name of Employer Ernst & Young Llp Occupation Lawyer/Partner/Principle

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai00033

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Darleen Alexander  
Mailing Address 7316 Village 7  
City Camarillo State CA Zip Code 93012-6926  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00034  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Alexander  
Mailing Address 645 Brookline Place  
City Fullerton State CA Zip Code 92835-2772  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai00035  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marci R. Alexander  
Mailing Address 37605 E. Jim Owens Road  
City Oak Grove State MO Zip Code 64075-8138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Life Insurance Company Occupation Avp Customer Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00036  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Shane C. Alexander

Mailing Address 870 N. Peytonville Avenue

City State Zip Code  
Southlake TX 76092-5832

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
X.T.O. Energy, Inc. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00037

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah K. Alfano

Mailing Address 2898 Fairfield Drive

City State Zip Code  
Allentown PA 18103-5412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00038

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary Alger

Mailing Address 7452 Foxfire Drive

City State Zip Code  
Crystal Lake IL 60012-1608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00039

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **560.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 20 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Theodore C. & Emme H Allebes |                          | Date of Receipt   |
|   | Mailing Address 8833 Barrister Lane  |                          | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
|   | City   | State                    | Zip Code  |
|   | Fair Oaks  | CA                       | 95628-6350  |
|   | FEC ID number of contributing federal political committee. <b>C</b>                |                          | <b>Transaction ID:</b> 2009M04L11ai00040  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text" value="50.00"/>  |
|   |  |                          | <input type="text" value="250.00"/>   |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bruce Allen          |                          | Date of Receipt   |
|   | Mailing Address 2708 Harborside Drive                               |                          | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
|   | City  | State                    | Zip Code  |
|   | Granbury  | TX                       | 76048-2694  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai00041  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text" value="1000.00"/>  |
|   |   |                          | <input type="text" value="1000.00"/>  |

|   |  |                                  |   |
|---|--|----------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles S. Allen, Jr. |                                  | Date of Receipt   |
|   | Mailing Address 6304 Godfrey Drive                                   |                                  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|   | City   | State                            | Zip Code  |
|   | Raleigh  | NC                               | 27612-6735  |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |                                  | <b>Transaction ID:</b> 2009M04L11ai00042  |
| Name of Employer<br>N.C. Farm Bureau Mutual Insurance Comp  |  | Occupation<br>Litigation Manager | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼         | <input type="text" value="255.00"/>   |
|   |  |                                  | <input type="text" value="255.00"/>   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1305.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas L. Allen

Mailing Address 10811 Rosemont Court

City State Zip Code  
Fort Myers FL 33908-2842

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00043

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth Dee Allen

Mailing Address 6218 Chisom Trail

City State Zip Code  
Tyler TX 75703

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00044

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Forrest J. Allen

Mailing Address 22 Sandingham Way

City State Zip Code  
The Woodlands TX 77384-4490

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00045

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 22 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. George H. Allen      |                             | Date of Receipt   |
|   | Mailing Address 2799 South Downing Street                           |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 09 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Englewood   | CO                          | 80113-1774  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00046  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>100.00  |
|   |   | <input type="text"/> 300.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James P. Allen       |                             | Date of Receipt   |
|   | Mailing Address 108 S. Mc Cadden Place                              |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 17 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Los Angeles   | CA                          | 90004-1052  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00047  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>285.00  |
|   |   | <input type="text"/> 285.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert E. Allen      |                             | Date of Receipt   |
|   | Mailing Address 1908 Sawmill Creek Road                             |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 04 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Sitka   | AK                          | 99835-1049  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00048  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>400.00  |
|   |   | <input type="text"/> 400.00 |   |

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>785.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Uzerne W. Allen, Jr.

Mailing Address 536 Happ Road

City State Zip Code  
Northfield IL 60093-1112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00049

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Allenburg

Mailing Address 6621 Minnewashta Parkway

City State Zip Code  
Excelsior MN 55331-9657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00050

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Stuart Allhands

Mailing Address 8675 Pine Run

City State Zip Code  
Daphne/Spanish For AL 36527-8637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00051

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

385.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah Allik  
Mailing Address 2260 Seaside Street  
City State Zip Code  
Vero Beach FL 32963-3131  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00052  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. A. W. Allison, U.S.N. (Re)  
Mailing Address 3613 Sea Horse Way  
City State Zip Code  
Virginia Beach VA 23452-3721  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai00053  
Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert N. Almon  
Mailing Address P.O. Box 2687  
City State Zip Code  
Tuscaloosa AL 35403-2687  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai00054  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 540.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alton W. Almquist

Mailing Address 3942 Cowell Blvd.

City State Zip Code  
Davis CA 95618-4391

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00055

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alton W. Almquist

Mailing Address 3942 Cowell Blvd.

City State Zip Code  
Davis CA 95618-4391

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00056

Amount of Each Receipt this Period  
295.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Almquist

Mailing Address 4527 Magnolia Bridge Rd.

City State Zip Code  
Charlotte NC 28210-4337

FEC ID number of contributing federal political committee. **C**

Name of Employer Carmel Family Physicians Occupation Family Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00057

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **570.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Alsup

Mailing Address 300 N. Marienfeld Street  
Suite 700

City Midland State TX Zip Code 79701-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Lynch, Chappell, & Alsup, P.C. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai00058  
Amount of Each Receipt this Period 125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Alt

Mailing Address P.O. Box 8559

City Bartlett State IL Zip Code 60103-8559

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai00059  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Alt

Mailing Address P.O. Box 8559

City Bartlett State IL Zip Code 60103-8559

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai00060  
Amount of Each Receipt this Period 330.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 555.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |
|---|--|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Roger & Scotia Alves |   | Date of Receipt   |
|   | Mailing Address 3283 Calle De Debasa                                       |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 12 / 2009 |
|   | City   | State                                       | Zip Code  |
|   | Camarillo  | CA  | 93010-8337  |
| FEC ID number of contributing federal political committee.  |  | <input type="text"/> C <input type="text"/> | <b>Transaction ID:</b> 2009M04L11ai00061  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed                 | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                    | <input type="text"/> 1000.00  |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Linda Alvord |   | Date of Receipt   |
|   | Mailing Address 1538 Bedford                            |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 30 / 2009 |
|   | City  | State                                       | Zip Code  |
|   | Clovis  | CA  | 93611-6606  |
| FEC ID number of contributing federal political committee.  |   | <input type="text"/> C <input type="text"/> | <b>Transaction ID:</b> 2009M04L11ai00062  |
| Name of Employer<br>Fresno Unified School District  |   | Occupation<br>Teacher                       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                    | <input type="text"/> 350.00   |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Dorothy T. Amador |   | Date of Receipt   |
|   | Mailing Address 163 Pinefield Drive                               |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City  | State                                       | Zip Code  |
|   | Sanford   | FL  | 32771-6813  |
| FEC ID number of contributing federal political committee.  |   | <input type="text"/> C <input type="text"/> | <b>Transaction ID:</b> 2009M04L11ai00063  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired                       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                    | <input type="text"/> 400.00   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                |
|---|---|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br>(check only one) | PAGE 28 / 1940 |
|   | <input checked="" type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17  |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                      |   |  |  |
|---|--|----------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Clinton Guy Ames, Jr. |                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |  |  |
|   | Mailing Address P.O. Box 137   |                      | <b>Transaction ID:</b> 2009M04L11ai00064            |  |  |
|   | City<br>Point Clear  | State<br>AL          | Zip Code<br>36564-0137                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                      |   |  |  |
|   | Name of Employer Requested   | Occupation Requested | Aggregate Year-to-Date<br>300.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                      |   |  |  |

|   |  |                         |   |   |  |
|---|--|-------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gene L. Ames, III |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |   |  |
|   | Mailing Address P.O. Box 90555                                   |                         | <b>Transaction ID:</b> 2009M04L11ai00065            |   |  |
|   | City<br>San Antonio  | State<br>TX             | Zip Code<br>78209                                   | Amount of Each Receipt this Period<br>2500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                         |   |   |  |
|   | Name of Employer<br>The Nordan Trust                             | Occupation<br>Geologist | Aggregate Year-to-Date<br>2500.00                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                         |   |   |  |

|   |  |                                  |   |  |  |
|---|--|----------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Donald J. & Sharon Amis |                                  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|   | Mailing Address 707 Buck Avenue                                    |                                  | <b>Transaction ID:</b> 2009M04L11ai00066            |  |  |
|   | City<br>Vacaville  | State<br>CA                      | Zip Code<br>95688-3513                              | Amount of Each Receipt this Period<br>230.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C    |                                  |   |  |  |
|   | Name of Employer<br>U.S. Department Of State                       | Occupation<br>Diplomatic Service | Aggregate Year-to-Date<br>230.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                                  |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3030.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline Ammirata

Mailing Address 70 Meadowfarm Road

City State Zip Code  
East Islip NY 11730-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00067

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Amoroso

Mailing Address 32 Church Street

City State Zip Code  
Westborough MA 01581-1923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00068

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Anaclerio

Mailing Address 306 Colleton Avenue S.E.

City State Zip Code  
Aiken SC 29801-7102

FEC ID number of contributing federal political committee. **C**

Name of Employer Smith Barney Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00069

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl Anderson

Mailing Address P.O. Box 644

City State Zip Code  
Reading PA 19608-0944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00070

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Doctor David G. Anderson

Mailing Address 1526 Perdita Way

City State Zip Code  
Greer SC 29650-4565

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced Surgical Associa- Physician  
-tes

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00071

Amount of Each Receipt this Period  
255.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Diane Anderson

Mailing Address 11 Shadow Creek Dr.

City State Zip Code  
North Las Vegas NV 89081-2404

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00072

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1755.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dion Anderson

Mailing Address 1016 Holly Road

City State Zip Code  
Santa Paula CA 93060-1226

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation  
Actor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00073

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edor G. Anderson, Jr.

Mailing Address 2342 Hogan Way

City State Zip Code  
Oceanside CA 92056-3711

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00074

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation  
Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00075

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 245.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai00076  
Amount of Each Receipt this Period: 5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai00077  
Amount of Each Receipt this Period: 5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai00078  
Amount of Each Receipt this Period: 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00079

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00080

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00081

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
**Alexandria VA 22315-5850**

FEC ID number of contributing federal political committee. C

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00082

Amount of Each Receipt this Period 5.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
**Alexandria VA 22315-5850**

FEC ID number of contributing federal political committee. C

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00083

Amount of Each Receipt this Period 5.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
**Alexandria VA 22315-5850**

FEC ID number of contributing federal political committee. C

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00084

Amount of Each Receipt this Period 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... 15.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00085            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00086            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00087            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00088

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00089

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00090

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | Transaction ID: 2009M04L11ai00091                   |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | Transaction ID: 2009M04L11ai00092                   |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | Transaction ID: 2009M04L11ai00093                   |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai00094

Amount of Each Receipt this Period  
5.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai00095

Amount of Each Receipt this Period  
5.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai00096

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

15.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson |                             | Date of Receipt   |
|   | Mailing Address 6547 Grange Lane<br>404                         |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 13 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Alexandria  | VA                          | 22315-5850  |
|   | FEC ID number of contributing federal political committee.      |                             | Transaction ID: 2009M04L11ai00097   |
|   | C <input type="text"/>  |                             | Amount of Each Receipt this Period  |
| Name of Employer<br>Rnc9  |   | Occupation<br>Marketing9    | <input type="text"/> 5.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |
|   |   | <input type="text"/> 560.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson |                             | Date of Receipt   |
|   | Mailing Address 6547 Grange Lane<br>404                         |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 20 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Alexandria  | VA                          | 22315-5850  |
|   | FEC ID number of contributing federal political committee.      |                             | Transaction ID: 2009M04L11ai00098   |
|   | C <input type="text"/>  |                             | Amount of Each Receipt this Period  |
| Name of Employer<br>Rnc9  |   | Occupation<br>Marketing9    | <input type="text"/> 5.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |
|   |   | <input type="text"/> 560.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson |                             | Date of Receipt   |
|   | Mailing Address 6547 Grange Lane<br>404                         |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 20 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Alexandria  | VA                          | 22315-5850  |
|   | FEC ID number of contributing federal political committee.      |                             | Transaction ID: 2009M04L11ai00099   |
|   | C <input type="text"/>  |                             | Amount of Each Receipt this Period  |
| Name of Employer<br>Rnc9  |   | Occupation<br>Marketing9    | <input type="text"/> 5.00   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |
|   |   | <input type="text"/> 560.00 |   |

|  |                            |
|--|----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 15.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00100            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00101            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Eric R. Anderson   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
| Mailing Address 6547 Grange Lane<br>404   |                                 | <b>Transaction ID:</b> 2009M04L11ai00102            |
| City<br>Alexandria  | State Zip Code<br>VA 22315-5850 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>5.00          |
| Name of Employer<br>Rnc9  | Occupation<br>Marketing9        | Aggregate Year-to-Date ▼<br>560.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00103

Amount of Each Receipt this Period  
5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00104

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City State Zip Code  
Alexandria VA 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00105

Amount of Each Receipt this Period  
5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai00106  
Amount of Each Receipt this Period: 5.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai00107  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric R. Anderson

Mailing Address 6547 Grange Lane  
404

City Alexandria State VA Zip Code 22315-5850

FEC ID number of contributing federal political committee. **C**

Name of Employer Rnc9 Occupation Marketing9

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai00108  
Amount of Each Receipt this Period: 5.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 35.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Erik Anderson  
 Mailing Address 640 Aaron Avenue  
 City State Zip Code  
 Springville UT 84663-1544  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai00109  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 J-U-B Engineers Inc. Cadd Tech/Draftsman  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack Anderson  
 Mailing Address 18849 Harbor Side Blvd.  
 City State Zip Code  
 Montgomery TX 77356-3223  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai00110  
 Amount of Each Receipt this Period  
 75.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Mfg Sales Rep  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Anderson  
 Mailing Address 14210 Arbolitos Drive  
 City State Zip Code  
 Poway CA 92064-6440  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai00111  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 575.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond E. Anderson

Mailing Address 6221 S. Racine Circle

City Englewood State CO Zip Code 80111-6427

FEC ID number of contributing federal political committee. **C**

Name of Employer S.E.A.K.R. Engineering, Inc. Occupation Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai00112  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rex Anderson

Mailing Address 1915 490Th Avenue

City Ringsted State IA Zip Code 50578

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00113  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thurman C. Anderson

Mailing Address 12337 N. Fairway Heights Drive

City Mequon State WI Zip Code 53092-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00114  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thurman C. Anderson

Mailing Address 12337 N. Fairway Heights Drive

City State Zip Code  
Meguon WI 53092-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00115

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Andreas

Mailing Address N483 20th Rd

City State Zip Code  
Neshkoro WI 54960-6484

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00116

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John S. Andrenacci

Mailing Address 2634 S. Warnock Street

City State Zip Code  
Philadelphia PA 19148-4419

FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Health Occupation Mental Health Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00117

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **510.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory Andrews

Mailing Address 216 Butternut Drive

City State Zip Code  
Fredericksburg VA 22408-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Army United States Army Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00118

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Michael L. Andrews

Mailing Address 80 Mc Kinley Springs Road

City State Zip Code  
Prosser WA 99350-9307

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00119

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wilson & Elsie Andrews

Mailing Address 6727 40Th Street N.E.

City State Zip Code  
Marysville WA 98270-6913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00120

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mario D. Angelini  
Mailing Address 13237 4Th S. Avenue

City State Zip Code  
Burien WA 98168

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USPS Mechanic

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009  
Transaction ID: 2009M04L11ai00121  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Angelos  
Mailing Address 9 Bryant Court

City State Zip Code  
Ladera Ranch CA 92694-1089

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Accenture Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009  
Transaction ID: 2009M04L11ai00122  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Louise B. Angiuli  
Mailing Address 29 Forest Drive

City State Zip Code  
Port Washington NY 11050-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009  
Transaction ID: 2009M04L11ai00123  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Louise B. Angiuli  
Mailing Address 29 Forest Drive  
City Port Washington State NY Zip Code 11050-1910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00124  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Doug Angstrom  
Mailing Address 11628 Musket Rim Street  
City Austin State TX Zip Code 78738-6600  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai00125  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William A. Angus  
Mailing Address 15135 Huntington Gate Drive  
City Poway State CA Zip Code 92064-6705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00126  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Helen K. Ankarlo

Mailing Address 2510 Ranch Reserve Ridge

City State Zip Code  
Westminster CO 80234-1031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ankarlo Management, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00127

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howard Annin

Mailing Address 147 Saint Thomas Way

City State Zip Code  
Tiburon CA 94920-1031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00128

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven Anson

Mailing Address 203 E. Douglas Street #717

City State Zip Code  
O' Neill NE 68763-1827

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00129

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 50 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Stanley J. Antanaitis  | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|           | Mailing Address 7897 Lutz Avenue N.W.   | <b>Transaction ID:</b> 2009M04L11ai00130            |
|           | City State Zip Code<br>Massillon OH 44646-9077  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Tim D. Apple   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 4038 E. Nc Highway 150  | <b>Transaction ID:</b> 2009M04L11ai00131            |
|           | City State Zip Code<br>Browns Summit NC 27214-9653  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer New Earth Designs Inc<br>Occupation President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Mariann Hundahl Appley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 2 Commonwealth Avenue   | <b>Transaction ID:</b> 2009M04L11ai00132            |
|           | City State Zip Code<br>Boston MA 02116-3153   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Scott G. Arbuckle  
Mailing Address 17301 Club Hill Drive  
City Dallas State TX Zip Code 75248-1107  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai00133  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark A. Arensmyers  
Mailing Address 2004 W. Cavendish Court  
City Alpharetta State GA Zip Code 30022-7121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai00134  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joe W. Arledge, III  
Mailing Address 2801 Arledge Rd.  
City Robert Lee State TX Zip Code 76945-3019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00135  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George William Armitage, Jr.  
Mailing Address 12780 N. 57Th Street

City State Zip Code  
Tampa FL 33617-1250

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00136

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brad S. Armstrong  
Mailing Address 61 Quail Drive

City State Zip Code  
Roundup MT 59072-6339

FEC ID number of contributing federal political committee. **C**

Name of Employer Thomson, Inc. Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00137

Amount of Each Receipt this Period 125.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Cynthia Armstrong  
Mailing Address 7701 Old Telegraph Road

City State Zip Code  
Alexandria VA 22315-3815

FEC ID number of contributing federal political committee. **C**

Name of Employer Sparkle Painting Company Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00138

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **525.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas G. Arnett

Mailing Address 717 Roach

City State Zip Code  
Salina KS 67401-5126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Thomas G. Arnett, Cpa, P.-  
A. Accountant

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00139

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stuart B. Aronoff

Mailing Address 2652 Pierce Street

City State Zip Code  
San Francisco CA 94123-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00140

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ceasar A. Arredondo

Mailing Address 445 Grand Bay Drive

City State Zip Code  
Key Biscayne FL 33149-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
10000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00141

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional) .....

10300.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. H. Raymond Arsenault

Mailing Address 119 Hampton Meadows

City State Zip Code  
Hampton NH 03842-1818

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00142

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Arthurs

Mailing Address 3000 Pennypack Road

City State Zip Code  
Hatboro PA 19040-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer Merck Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00143

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Ricardo & Bonnie Artigas

Mailing Address 2270 Sanderling Lane

City State Zip Code  
Vero Beach FL 32963-9495

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00144

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Douglas W. Ashcraft

Mailing Address 20 Phellos Court

City State Zip Code  
Little Rock AR 72223-3960

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00145

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marion A. Askin, Jr.

Mailing Address 104 Cherry Point Drive

City State Zip Code  
Yorktown VA 23692-3538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Army Military Systems Integrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00146

Amount of Each Receipt this Period  
144.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marion A. Askin, Jr.

Mailing Address 104 Cherry Point Drive

City State Zip Code  
Yorktown VA 23692-3538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Army Military Systems Integrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00147

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1244.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl Asplundh, Jr.  
Mailing Address 7049 Ely Road

City State Zip Code  
New Hope PA 18938-5726

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00148

Amount of Each Receipt this Period  
180.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill Athey  
Mailing Address 2716 Redbird Lane

City State Zip Code  
Enid OK 73703-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Security National Bank, Enid Ok. Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00149

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Anita A. Atti  
Mailing Address 1111 Bering Drive Unit 501

City State Zip Code  
Houston TX 77057-2333

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00150

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Miss Anita A. Atti   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
| Mailing Address 1111 Bering Drive<br>Unit 501   |                                    | <b>Transaction ID:</b> 2009M04L11ai00151            |
| City Houston  | State TX                           | Zip Code 77057-2333                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>110.00        |
| Name of Employer<br>Homemaker   | Occupation<br>Homemaker            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce Attinger   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 19444 E. Lakeway Ave.   |                                    | <b>Transaction ID:</b> 2009M04L11ai00152            |
| City Baton Rouge  | State LA                           | Zip Code 70810-8941                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Outback Steakhouse  | Occupation<br>Restauranteur        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**C.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Jim Attrell  |                                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 50 Remington Ter.   |                                      | <b>Transaction ID:</b> 2009M04L11ai00153            |
| City Highland Vill  | State TX                             | Zip Code 75077-6781                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                      | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Nortex Modular Space  | Occupation<br>Vp and General Manager |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 860.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Gordon Audilett

Mailing Address P.O. Box 292

City Thatcher State AZ Zip Code 85552-0292

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00154

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Richard R. Augspurger

Mailing Address 12675 Willow Ln.

City Lakewood State CO Zip Code 80215-2548

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00155

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. T. Avery

Mailing Address 10214 Ravenswood Road

City Granbury State TX Zip Code 76049-4538

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00156

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1050.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Thomas Avril  
 Mailing Address P.O. Box 32066  
 City State Zip Code  
**Cincinnati OH 45232-0066**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 03 / 2009**  
**Transaction ID: 2009M04L11ai00157**  
 Amount of Each Receipt this Period  
**1000.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The G.A. Avril Company President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
 David Axene  
 Mailing Address 35067 Mahogany Glen Drive  
 City State Zip Code  
**Winchester CA 92596-8269**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 31 / 2009**  
**Transaction ID: 2009M04L11ai00158**  
 Amount of Each Receipt this Period  
**500.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Axene Health Partners, Llc Actuary  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **500.00**

**C.** Full Name (Last, First, Middle Initial)  
 Miss Mary Sally Aylward  
 Mailing Address 115 S. Rutan Street  
 Apartment 10B  
 City State Zip Code  
**Wichita KS 67218-1135**  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 20 / 2009**  
**Transaction ID: 2009M04L11ai00159**  
 Amount of Each Receipt this Period  
**50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **255.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ellen P. Ayotte

Mailing Address 1121 Coppet Street

City State Zip Code  
Fairbanks AK 99709-4722

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00160

Amount of Each Receipt this Period  
375.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald N. Babb

Mailing Address P.O. Box 7777

City State Zip Code  
Gardnerville NV 89460-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00161

Amount of Each Receipt this Period  
325.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Karen Babish

Mailing Address 746 Golden Tanager Ct.

City State Zip Code  
Greer SC 29651-7301

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai00162

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas A. Backes

Mailing Address 9903 Greening Court

City State Zip Code  
Dunkirk MD 20754-9717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Navy Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai00163

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Backlund

Mailing Address 2255 N.W. Fernie Court

City State Zip Code  
Bend OR 97701-8679

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00164

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John N. Badgett, Jr.

Mailing Address 1109 N. Heritage Drive

City State Zip Code  
Maryville TN 37803-6411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00165

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Arlene M. Bady

Mailing Address 1407 Middle Road  
Unit #216

City State Zip Code  
Calverton NY 11933-1471

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00166

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Bagwell

Mailing Address 608 Garcia Street

City State Zip Code  
Santa Fe NM 87505-2858

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00167

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence E. Bailey

Mailing Address 4 Pond Edge Lane

City State Zip Code  
Ipswich MA 01938-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer New England Power Co. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00168

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Malcolm L. Bailey

Mailing Address 3662 Ontario Rd.  
Suite B.

City State Zip Code  
Keysville VA 23947-2710

FEC ID number of contributing federal political committee. **C**

Name of Employer S. & M. Brands, Inc. Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00169

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark H. Bailey

Mailing Address 2930 Hayward Drive

City State Zip Code  
Bellingham WA 98226-9461

FEC ID number of contributing federal political committee. **C**

Name of Employer Minefinders Corporation Ltd Occupation Geologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00170

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark H. Bailey

Mailing Address 2930 Hayward Drive

City State Zip Code  
Bellingham WA 98226-9461

FEC ID number of contributing federal political committee. **C**

Name of Employer Minefinders Corporation Ltd Occupation Geologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00171

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Nona O. Bailey

Mailing Address P.O. Box 769

City Wells State TX Zip Code 75976-9007

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai00172  
Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Dorothy W. Baines

Mailing Address 4137 W. Hamilton Court

City Nashville State TN Zip Code 37218-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00173  
Amount of Each Receipt this Period: 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Dorothy W. Baines

Mailing Address 4137 W. Hamilton Court

City Nashville State TN Zip Code 37218-1837

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai00174  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Allen Baird

Mailing Address 1600 Texas Street #2035

City State Zip Code  
Fort Worth TX 76102-3400

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00175

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Clayton D. Baird

Mailing Address 5955 Crab Orchard Rd

City State Zip Code  
Houston TX 77057-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00176

Amount of Each Receipt this Period  
600.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce R. Baker

Mailing Address 5102 Sapphire Dr.

City State Zip Code  
Marietta GA 30068-2891

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00177

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City State Zip Code  
Greenville NC 27834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00178

Amount of Each Receipt this Period  
245.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Grover Eugene Baker

Mailing Address 645 V. O. A. Site C. Road

City State Zip Code  
Greenville NC 27834

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 785.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00179

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Keith & Martha Baker

Mailing Address 1376 Brandlwood Road

City State Zip Code  
White Bear Lake MN 55110-2280

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meritex General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00180

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **595.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Norman Baker

Mailing Address 40 Hanson Hollow Road

City State Zip Code  
Port Allegany PA 16743-2302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 6 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00181

Amount of Each Receipt this Period

|        |
|--------|
| 225.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Baker, III

Mailing Address P.O. Box 389

City State Zip Code  
Sneads Ferry NC 28460-0389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Treasure Realty, Inc. President/Broker-In-Charge

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 4 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00182

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard A. Baker

Mailing Address P.O. Box 972

City State Zip Code  
Lake Oswego OR 97034-0107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00183

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Baker

Mailing Address P.O. Box 108

City State Zip Code  
Cedartown GA 30125-0108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Duffey Southeast Inc Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00184

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Baker

Mailing Address 24311 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367-1138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00185

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan Baker

Mailing Address 970 Pauite Drive

City State Zip Code  
Ivins UT 84738-6466

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00186

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Edward Balderston, Jr.  
 Mailing Address 203 Willow Valley Drive  
 City State Zip Code  
 Lancaster PA 17602-4781  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai00187  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Susquehanna Bancshares, Inc. Banker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Edwin S. Baldwin  
 Mailing Address 1 Dromara Road  
 City State Zip Code  
 Saint Louis MO 63124-1816  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai00188  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Armstrong Teasdale, L.L.P. Lawyer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Edwin S. Baldwin  
 Mailing Address 1 Dromara Road  
 City State Zip Code  
 Saint Louis MO 63124-1816  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai00189  
 Amount of Each Receipt this Period  
 150.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Armstrong Teasdale, L.L.P. Lawyer  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Balinski

Mailing Address 3 Princeton Court

City State Zip Code  
Basking Ridge NJ 07920-4246

FEC ID number of contributing federal political committee. **C**

Name of Employer Zsl Inc. Occupation Sales/Mktg/Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00190

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mark Balinski

Mailing Address 3 Princeton Court

City State Zip Code  
Basking Ridge NJ 07920-4246

FEC ID number of contributing federal political committee. **C**

Name of Employer Zsl Inc. Occupation Sales/Mktg/Training

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00191

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Calvin L. Ball

Mailing Address 5925 SE 119th Place

City State Zip Code  
Bellevue FL 34420-5230

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai00192

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Ballard

Mailing Address 101 Riverside Park

City State Zip Code  
Abilene TX 79605-1752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00193

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James H. Ballew

Mailing Address P.O. Box 4084  
Skyline Drive

City State Zip Code  
Frankfort KY 40604-4084

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00194

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James H. Ballew

Mailing Address P.O. Box 4084  
Skyline Drive

City State Zip Code  
Frankfort KY 40604-4084

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00195

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Balsz

Mailing Address 511 E.San Yadidro Blvd #3402

City San Ysidro State CA Zip Code 92173

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Aircraft Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00199  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Keith Bambrick

Mailing Address 14111 Freeway Dr.

City Santa Fe Springs State CA Zip Code 90670-5822

FEC ID number of contributing federal political committee. **C**

Name of Employer Hershey System Occupation Board Chariman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00200  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Banks

Mailing Address 13808 Fairlane Court

City Wellington State FL Zip Code 33414-6824

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: 2009M04L11ai00201  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Peter Banks

Mailing Address P.O. Box 2867

City State Zip Code  
Page AZ 86040-2867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Page Dental Center Dentist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00202

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Louis F. Bantle

Mailing Address 11730 Valeros Court

City State Zip Code  
Palm Beach Gardens FL 33418-1563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 15000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00203

Amount of Each Receipt this Period  
15000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Franc A. Barada, Jr.

Mailing Address 15 Beverly Drive

City State Zip Code  
Durham NC 27707-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00204

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 16100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mila Baranik

Mailing Address 35 Scott Drive

City Morganville State NJ Zip Code 07751-1036

FEC ID number of contributing federal political committee. **C**

Name of Employer Rom Bar Accounting Occupation Accountant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai00205  
 Amount of Each Receipt this Period 80.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Cyril G. Barbaccia

Mailing Address 165 Blossom Hill Road

City San Jose State CA Zip Code 95123-5938

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai00206  
 Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia J. Barbour

Mailing Address 3841 Legacy Drive

City Kingman State AZ Zip Code 86409-4905

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai00207  
 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2980.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Barbre

Mailing Address 5743 Brookstone Drive N.W.

City Acworth State GA Zip Code 30101-8027

FEC ID number of contributing federal political committee. **C**

Name of Employer A.C.T. Technologies Inc. Occupation President & Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai00208

Amount of Each Receipt this Period 1100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wayne A. Barden

Mailing Address 1539 Cottonwood Drive

City Elkhart State IN Zip Code 46514-4331

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai00209

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Gradene & Ed Barham

Mailing Address 8205 Santa Fe Drive

City Odessa State TX Zip Code 79765-8541

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai00210

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur Barker

Mailing Address 2813 John Coffee Court

City State Zip Code  
Lake Ridge VA 22192-1221

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00211

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Frank R. Barnako

Mailing Address 2311 Kirkland Village Circle

City State Zip Code  
Bethlehem PA 18017-4746

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00212

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Diane C. Barnes

Mailing Address 3 Foxboro Road

City State Zip Code  
Saint Louis MO 63124-1268

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00213

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

450.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Marion Barnes

Mailing Address P. O. Box 7456

City State Zip Code  
Rocky Mount NC 27804-0456

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Frontier Trailer Assoc. Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00214

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maria Barnette

Mailing Address 2181 Ahaku Place

City State Zip Code  
Honolulu HI 96821-1012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bogart's Cafe Chef

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00215

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allen Barney

Mailing Address 1354 Orchard Loop

City State Zip Code  
Oak Harbor WA 98277-8905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00216

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **920.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joshua Barnhill

Mailing Address 1416 Parkview Circle, #205

City State Zip Code  
Wilmington NC 28405

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00217

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jon T. Barnowski

Mailing Address 7607 Patapsco Drive

City State Zip Code  
Sykesville MD 21784-7128

FEC ID number of contributing federal political committee. **C**

Name of Employer Siemens Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00218

Amount of Each Receipt this Period  
55.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jon T. Barnowski

Mailing Address 7607 Patapsco Drive

City State Zip Code  
Sykesville MD 21784-7128

FEC ID number of contributing federal political committee. **C**

Name of Employer Siemens Occupation Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00219

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **355.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Barrentine

Mailing Address 2 Nelson Lane

City State Zip Code  
Pass Chris MS 39571-4718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00220

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Juanita Barrera

Mailing Address 2869 Camino Tomasini

City State Zip Code  
Hacienda Heights CA 91745

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00221

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tom H. Barrett

Mailing Address 8171 Bay Colony Drive Penthouse N.

City State Zip Code  
Naples FL 34108-7567

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00222

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mrs. Mildred K. Barringer</p> <p>Mailing Address 4912 Parkview Ct.</p> <hr/> <p>City State Zip Code<br/><b>Tallahassee FL 32311-1240</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">255.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai00223</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">25.00</span></p> |
|--|--|

|  |  |
|--|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mrs. Mildred K. Barringer</p> <p>Mailing Address 4912 Parkview Ct.</p> <hr/> <p>City State Zip Code<br/><b>Tallahassee FL 32311-1240</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">255.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 24 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai00224</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">25.00</span></p> |
|--|--|

|  |  |
|--|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Robert K. Barrow</p> <p>Mailing Address P.O. Box 411</p> <hr/> <p>City State Zip Code<br/><b>Springfield OR 97477-0063</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired      Occupation Retired</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/> <span style="border: 1px solid black; padding: 2px;">255.00</span></p> | <p>Date of Receipt<br/> <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/> <span style="border: 1px solid black; padding: 2px;">03 / 09 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai00225</p> <p>Amount of Each Receipt this Period<br/> <span style="border: 1px solid black; padding: 2px;">35.00</span></p> |
|--|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">85.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>     |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dean Barry

Mailing Address 23699 Shaker Blvd.

City Shaker Heights State OH Zip Code 44122-2606

FEC ID number of contributing federal political committee. **C**

Name of Employer Jcb Management Occupation Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai00226

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dean Barry

Mailing Address 23699 Shaker Blvd.

City Shaker Heights State OH Zip Code 44122-2606

FEC ID number of contributing federal political committee. **C**

Name of Employer Jcb Management Occupation Property Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai00227

Amount of Each Receipt this Period 35.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathleen A. Barstnar

Mailing Address 1720 South Bellaire Suite 110

City Denver State CO Zip Code 80222-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Whiting Management Resources Occupation President / C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai00228

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2035.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Bartolotta

Mailing Address 167 Compo Road South

City State Zip Code  
Westport CT 06880-5016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ims Health Vp, Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00229

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David K. Barton

Mailing Address 80 Lyme Road  
Apartment 1004

City State Zip Code  
Hanover NH 03755-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CACI International Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00230

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
John Barton

Mailing Address 2051 Lake Viking Terr.

City State Zip Code  
Gallatin MO 64640-8338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cameron Regional Medical Centre Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00231

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 84 / 1940               |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Basmadjian, Jr.

Mailing Address 4 Nevius Rd.

City State Zip Code  
White House Statio NJ 08889-3916

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00232

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Danny Basso

Mailing Address 15301 Dallas Parkway Suite 1100

City State Zip Code  
Addison TX 75001

FEC ID number of contributing federal political committee. **C**

Name of Employer Systemware, Inc. Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00233

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City State Zip Code  
Shorewood WI 53211-2646

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai00234

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City Shorewood State WI Zip Code 53211-2646

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00235  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Rochelle H. Bast

Mailing Address 3704 N. Lake Drive

City Shorewood State WI Zip Code 53211-2646

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00236  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Susan E. Bate

Mailing Address 20 Trenton Avenue

City Ewing State NJ Zip Code 08628-2938

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomberg L.P. Occupation Research Asisst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai00237  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mark & Kathy Batenic

Mailing Address 97 Poteskeet Trail

City State Zip Code  
Kitty Hawk NC 27949-3734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Clemens Family Markets Grocery Retail

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00238

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank Battaglino

Mailing Address 2905 Ann Way

City State Zip Code  
Owings MD 20736-4260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00239

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ben G. Battle, Jr.

Mailing Address 9950 Sea Grape Circle

City State Zip Code  
Coral Gables FL 33156-3401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai00240

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Melvin L. Battles, III

Mailing Address 33 Eagle Creek Drive

City State Zip Code  
Norwalk OH 44857-8850

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00241

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Abraham S. Baubie

Mailing Address 218 Kentucky St

City State Zip Code  
Bakersfield CA 93305

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00242

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Veronica Bauch

Mailing Address 218 E. Blue Earth Avenue

City State Zip Code  
Fairmont MN 56031-2847

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00243

Amount of Each Receipt this Period  
60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **535.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Veronica Bauch

Mailing Address 218 E. Blue Earth Avenue

City Fairmont State MN Zip Code 56031-2847

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00244  
Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Baum

Mailing Address 990 Garrido Drive

City Camarillo State CA Zip Code 93010-1026

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai00245  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Baumgartner

Mailing Address 2886 Highland Avenue

City Broomall State PA Zip Code 19008-1059

FEC ID number of contributing federal political committee. **C**

Name of Employer Tri-State Elevator Occupation Clerical

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai00246  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 940.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City State Zip Code  
Pagosa Springs CO 81147-9000

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00247

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City State Zip Code  
Pagosa Springs CO 81147-9000

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00248

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melanie A. Bavouset

Mailing Address 387 E. Log Hill Road

City State Zip Code  
Pagosa Springs CO 81147-9000

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00249

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ralph Beadle

Mailing Address 7215 77Th Street

City Lubbock State TX Zip Code 79424-0733

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00250

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Connie Beal

Mailing Address 3855 Valley View Drive

City Cedar Hills State UT Zip Code 84062-8001

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00251

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Janice Beal

Mailing Address 14106 Timberline Drive

City Urbandale State IA Zip Code 50323-1724

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00252

Amount of Each Receipt this Period  
255.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Webber W. Beall, Jr.

Mailing Address 4317 Edmonson Avenue

City State Zip Code  
Dallas TX 75205-2601

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00253

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Bean

Mailing Address 1115 South Street

City State Zip Code  
Key West FL 33040-4807

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00254

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John E. Bear

Mailing Address 24 Fieldstone

City State Zip Code  
Halliesburg MS 39402-8694

FEC ID number of contributing federal political committee. **C**

Name of Employer Environmental Construction Corporation Occupation Presidentanager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00255

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jimmie L. Beasley

Mailing Address P.O. Box 911

City State Zip Code  
Covington TN 38019-0911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00256

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Beatty

Mailing Address 3010 Stillmeadow Drive

City State Zip Code  
Collegetown PA 19426-3248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Z.L.B. Behring Production Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00257

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Deborah Beatty

Mailing Address 10508 Hunting Crest Lane

City State Zip Code  
Vienna VA 22182-1522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00258

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn Beaubouef  
Mailing Address 2512 Highway 5  
City State Zip Code  
Grand Cane LA 71032-6118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Retired Retired  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9  
Transaction ID: 2009M04L11ai00259  
Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Diana L. Becker  
Mailing Address 229 Manley Ct  
City State Zip Code  
San Jose CA 95139-1432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Merrill Lynch Mortgage Banker  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 210.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9  
Transaction ID: 2009M04L11ai00260  
Amount of Each Receipt this Period  
210.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark Becker  
Mailing Address 165 Barrett Place  
City State Zip Code  
Alexandria VA 22304-7765  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Department Of Defense Civil Servant  
Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9  
Transaction ID: 2009M04L11ai00261  
Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 410.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Becraft

Mailing Address 8210 Silent River Drive

City Richmond State TX Zip Code 77406-7168

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Aluminum Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai00262  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Bego

Mailing Address P.O. Box 501796

City Indianapolis State IN Zip Code 46250-6796

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai00263  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sharon Begosh

Mailing Address 18922 Clover Hill Lane

City Olney State MD Zip Code 20832-1211

FEC ID number of contributing federal political committee. **C**

Name of Employer Montgomery County Government Occupation Corrections Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00264  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Col. Richard P. Bein

Mailing Address 7902 Foote Lane

City Springfield State VA Zip Code 22151-2405

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Army Occupation Military Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai00265  
Amount of Each Receipt this Period 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce A. Bell

Mailing Address 600 Heritage Road  
Belmark Inc

City De Pere State WI Zip Code 54115-2444

FEC ID number of contributing federal political committee. **C**

Name of Employer Belmark Inc Occupation Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai00266  
Amount of Each Receipt this Period 400.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Linda L. Bell

Mailing Address 1798 Hartford Turnpike

City North Haven State CT Zip Code 06473-1271

FEC ID number of contributing federal political committee. **C**

Name of Employer Paul C. Higgins, Inc. Occupation Assistant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai00267  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 495.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary D. Bello

Mailing Address 727 Mallard Bay

City Lexington State KY Zip Code 40502-3122

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai00268  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harold Belsheim

Mailing Address 1002 E. Wesley Drive

City O' Fallon State IL Zip Code 62269-6136

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai00269  
 Amount of Each Receipt this Period: 505.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia J. Beltrami

Mailing Address 145 Mendocino Place

City Ukiah State CA Zip Code 95482-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai00270  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1255.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                |
|---|--|----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 97 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Kimberly Benacquista   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 130 Fox Meadow Lane   | <b>Transaction ID:</b> 2009M04L11ai00271            |
|           | City Orchard Park State NY Zip Code 14127-2866  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. A. T. Benavides  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address P.O. Box 1  | <b>Transaction ID:</b> 2009M04L11ai00272            |
|           | City Bruni State TX Zip Code 78344-0001   | Amount of Each Receipt this Period<br>220.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 830.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. A. T. Benavides  | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address P.O. Box 1  | <b>Transaction ID:</b> 2009M04L11ai00273            |
|           | City Bruni State TX Zip Code 78344-0001   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 830.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>770.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Bruce P. Bengtson

Mailing Address 91 Cardinal Road

City State Zip Code  
Wyomissing PA 19610-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      505.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00274

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Bruce P. Bengtson

Mailing Address 91 Cardinal Road

City State Zip Code  
Wyomissing PA 19610-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      505.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00275

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Benham

Mailing Address 4460 Malana Court

City State Zip Code  
Rancho Cordova CA 95742-8060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      375.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00276

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Benham

Mailing Address 4460 Malana Court

City Rancho Cordova State CA Zip Code 95742-8060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00277

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Benham

Mailing Address 4460 Malana Court

City Rancho Cordova State CA Zip Code 95742-8060

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00278

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Herb and Jane Benjey

Mailing Address 168 Rainbow Dr # 6820

City Livingston State TX Zip Code 77399-1068

FEC ID number of contributing federal political committee. **C**

Name of Employer University Hospital, Cincinnati Occupation Jane--Data Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00279

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Herb and Jane Benjey

Mailing Address 168 Rainbow Dr # 6820

City State Zip Code  
Livingston TX 77399-1068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Hospital, Cinc- Jane--Data Analyst  
Innat

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 260.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00280

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Bennett

Mailing Address 4 Green Tree Place

City State Zip Code  
Sheldon SC 29941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00281

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kent Bennett

Mailing Address 8611 Kenosha Drive

City State Zip Code  
Lubbock TX 79423-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00282

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard B. Bennett

Mailing Address 7303 Periwinkle Drive

City State Zip Code  
Sarasota FL 34231-5321

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00283

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald P. Bennett

Mailing Address 280 Parkdale Ave.

City State Zip Code  
East Aurora NY 14052-1619

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00284

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra S. Bennett

Mailing Address P.O. Box 409

City State Zip Code  
La Center WA 98629-0409

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00285

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Arnie Benning

Mailing Address 1719 Easton Avenue

City Waterloo State IA Zip Code 50702-2642

FEC ID number of contributing federal political committee. **C**

Name of Employer Don Lentz Heating & Cooling Occupation Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00286

Amount of Each Receipt this Period 105.00

**B.**

Full Name (Last, First, Middle Initial)  
Arnie Benning

Mailing Address 1719 Easton Avenue

City Waterloo State IA Zip Code 50702-2642

FEC ID number of contributing federal political committee. **C**

Name of Employer Don Lentz Heating & Cooling Occupation Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00287

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. T. R. Benning

Mailing Address P.O. Box 724375

City Atlanta State GA Zip Code 31139-1375

FEC ID number of contributing federal political committee. **C**

Name of Employer Benning Construction Company Occupation Constructor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00288

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Deward E. Bennton

Mailing Address 903 Minutemen Crossway

City State Zip Code  
Cocoa Beach FL 32931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00289

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Linn Benson

Mailing Address 1

City State Zip Code  
Napa CA 94558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00290

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Joan Sidie Bentzen

Mailing Address 353 Kentucky Avenue

City State Zip Code  
Sheridan WY 82801-3316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00291

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joan Sidie Bentzen

Mailing Address 353 Kentucky Avenue

City State Zip Code  
Sheridan WY 82801-3316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00292

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald L. Berenstain

Mailing Address 518 Hillside Drive E.

City State Zip Code  
Seattle WA 98112-5054

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Perkins Crie L.L.P. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00293

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Beres

Mailing Address 108 Vista Lane

City State Zip Code  
Taos NM 87571-7252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00294

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Orville R. Berg

Mailing Address 400 Travis St Ste 616  
Berex-Co Inc

City State Zip Code  
Shreveport LA 71101-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00295

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth P. Bergbower

Mailing Address 102 Glenmoor Circle S.

City State Zip Code  
Easton PA 18045-2178

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1080.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai00296

Amount of Each Receipt this Period  
360.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Brent C. Berge

Mailing Address 2052 E. Hermosa Vista Drive

City State Zip Code  
Mesa AZ 85213-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00297

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 106 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Susan C. Berger |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |  |  |
|   | Mailing Address 44 Reynolds Street                              |                                    | <b>Transaction ID:</b> 2009M04L11ai00298            |  |  |
|   | City<br>Kingston  | State<br>PA                        | Zip Code<br>18704-4725                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Matthew Berger                              | Occupation<br>Assistant Manager    |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Leo W. Bergin    |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|   | Mailing Address 10528 Big Canoe                                 |                                    | <b>Transaction ID:</b> 2009M04L11ai00299            |  |  |
|   | City<br>Big Canoe   | State<br>GA                        | Zip Code<br>30143-5127                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael J. Berkich |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|   | Mailing Address 209 Mason Street                                  |                                    | <b>Transaction ID:</b> 2009M04L11ai00300            |  |  |
|   | City<br>Onalaska  | State<br>WI                        | Zip Code<br>54650-7034                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |  |
|   | Name of Employer<br>Body Shop Supply                              | Occupation<br>Manager              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Alan E. Berlin

Mailing Address P.O. Box 5588

City State Zip Code  
Beverly Hills CA 90209-5588

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jules Berlin Agency Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00301

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Clevence J Bernard, Jr.

Mailing Address 4217 Pine Park Dr.

City State Zip Code  
Baton Rouge LA 70809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00302

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Charles Berry

Mailing Address 1050 Calle Milagro Dr.

City State Zip Code  
El Paso TX 79912-7521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Good Times Store President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00303

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Gladys D. Berry

Mailing Address 1011 Tulip Street

City State Zip Code  
Longmont CO 80501-4121

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00304

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary Ann Berry

Mailing Address 4030 Timber Lane

City State Zip Code  
Orlando FL 32804-2236

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00305

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William J. Berry

Mailing Address 12001 Peach Drive

City State Zip Code  
Pampa TX 79065-1117

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00306

Amount of Each Receipt this Period  
825.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 109 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John Bertram

Mailing Address 56160 Muirfield Village

City State Zip Code  
La Quinta CA 92253-7690

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00307

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dudley J. Bertrand

Mailing Address 111 Dupont Circle

City State Zip Code  
West Monroe LA 71291-4715

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 940.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00308

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dudley J. Bertrand

Mailing Address 111 Dupont Circle

City State Zip Code  
West Monroe LA 71291-4715

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 940.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00309

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph F. Best, III

Mailing Address 2279 Defoor Hills Road N.W.

City Atlanta State GA Zip Code 30318-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer: Quality Wine & Spirits, Inc. Occupation: President/Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2009

Transaction ID: 2009M04L11ai00310

Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David R. Bettis

Mailing Address 2403 Carey Lane

City Vienna State VA Zip Code 22181-5444

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009

Transaction ID: 2009M04L11ai00311

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank F. Bevacqua

Mailing Address 317 Forester Way

City Park Ridge State NJ Zip Code 07656-2611

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 03 / 2009

Transaction ID: 2009M04L11ai00312

Amount of Each Receipt this Period: 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **770.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Barbara Beyea

Mailing Address 12 Whale Cove Road

City State Zip Code  
Rockport MA 01966-1920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00313

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Beyea

Mailing Address 12 Whale Cove Road

City State Zip Code  
Rockport MA 01966-1920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00314

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sherry Lee Bezzek

Mailing Address 6 Teaberry Drive

City State Zip Code  
Medford NJ 08055-3601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emergency Medicine Assoc. Company C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00315

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth J. Bialkin

Mailing Address 4 Times Sqaure

City State Zip Code  
New York NY 10036

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00316

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
W. C. Bickett

Mailing Address 5000 Numaga Pass

City State Zip Code  
Carson City NV 89703-9454

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00317

Amount of Each Receipt this Period  
800.00

**C.**

Full Name (Last, First, Middle Initial)  
Captain Ted Biddison

Mailing Address 102 Shockey Circle

City State Zip Code  
Winchester VA 22602-6857

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai00318

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1260.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ingeborg Bieber

Mailing Address 102 Derry Hill Road

City State Zip Code  
Uncasville CT 06382-1904

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00319

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce A. Biehler

Mailing Address 10619 N. La Quinta Drive

City State Zip Code  
Tucson AZ 85737-7017

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00320

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce A. Biehler

Mailing Address 10619 N. La Quinta Drive

City State Zip Code  
Tucson AZ 85737-7017

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00321

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

425.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Biermann

Mailing Address 743 Maple Hill Drive

City State Zip Code  
Blue Bell PA 19422-2064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cantor, Biermann, Fellin Assoc Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00322

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James M. Biggar

Mailing Address 4199 Kinross Lakes Parkway  
Apartment 250

City State Zip Code  
Richfield OH 44286-9396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00323

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arthur E. Biggs

Mailing Address 801 S.W. San Antonio Drive

City State Zip Code  
Palm City FL 34990-5971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00324

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur E. Biggs

Mailing Address 801 S.W. San Antonio Drive

City State Zip Code  
Palm City FL 34990-5971

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00325

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Sheridan C. Biggs

Mailing Address P.O. Box 160

City State Zip Code  
Quaker Street NY 12141-0160

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00326

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John Bikowski

Mailing Address 1701 Fox Run Court

City State Zip Code  
Vienna VA 22182-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00327

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Gwenn L. Billinger

Mailing Address 445 Colonial Place

City Nipomo State CA Zip Code 93444-5718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai00328

Amount of Each Receipt this Period 180.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Gwenn L. Billinger

Mailing Address 445 Colonial Place

City Nipomo State CA Zip Code 93444-5718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai00329

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Billings

Mailing Address 34 W. Rivercrest Drive

City Houston State TX Zip Code 77042-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai00330

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 380.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Billings

Mailing Address 34 W. Rivercrest Drive

City State Zip Code  
Houston TX 77042-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00331

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Fred C. Birkeland

Mailing Address 509 Route 530  
Apartment 166

City State Zip Code  
Whiting NJ 08759-3147

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00332

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lou L. Birney

Mailing Address 1625 E. 32Nd Street  
#1

City State Zip Code  
Brooklyn NY 11234-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00333

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 118 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Lou L. Birney  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
| Mailing Address 1625 E. 32Nd Street #1  |                                     | <b>Transaction ID:</b> 2009M04L11ai00334            |
| City<br>Brooklyn  | State<br>NY                         | Zip Code<br>11234-4212                              |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Retired   | Occupation<br>Retired               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1375.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Lou L. Birney  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
| Mailing Address 1625 E. 32Nd Street #1  |                                     | <b>Transaction ID:</b> 2009M04L11ai00335            |
| City<br>Brooklyn  | State<br>NY                         | Zip Code<br>11234-4212                              |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1375.00 |   |

**C.**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Johnnie T. Bishop, Sr.   |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
| Mailing Address 53 Farmington Drive   |  | <b>Transaction ID:</b> 2009M04L11ai00336            |
| City<br>Staunton  | State<br>VA                            | Zip Code<br>24401-6272                              |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Fisher Auto Parts   | Occupation<br>Executive Vice President |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>325.00     |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Lucille S. Bishop

Mailing Address 25 Bishop Street

City State Zip Code  
De Lancey NY 13752-2188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00337

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Bishop

Mailing Address 1130 Reserve Way  
#204

City State Zip Code  
Naples FL 34105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Titan Consulting, Llc President & Ceo

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00338

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. William H. Bishop

Mailing Address 6825 S.W. Raleighwood Lane

City State Zip Code  
Portland OR 97225-1924

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00339

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

495.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 120 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Errol Bisutti        |                          | Date of Receipt                         |  |
|   | Mailing Address 489 Gray Court                                      |                          | M M / D D / Y Y Y Y Y<br>03 / 06 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai00340 |
|   | Benicia   | CA                       | 94510-3923                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 280.00                                  |  |
| Name of Employer<br>Underground Construction  |   | Occupation<br>Engineer   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 280.00                   |   |  |

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. R. Richard Bittner   |                             | Date of Receipt                         |  |
|   | Mailing Address 1000 Firstar Center                                 |                             | M M / D D / Y Y Y Y Y<br>03 / 11 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai00341 |
|   | Davenport   | IA                          | 52801                                   | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 1000.00                                 |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 1000.00                     |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard Black        |                          | Date of Receipt                         |  |
|   | Mailing Address 412 Sebastian Square                                |                          | M M / D D / Y Y Y Y Y<br>03 / 24 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai00342 |
|   | St. Augustine   | FL                       | 32095-6863                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 30.00                                   |  |
| Name of Employer<br>Self  |   | Occupation<br>Sales      |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 230.00                   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1310.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Patricia S. Blackbourne

Mailing Address 705 Schubert Road

City Kingsbury State TX Zip Code 78638-3202

FEC ID number of contributing federal political committee. **C**

Name of Employer Na Occupation At Home Mom

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00343

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Merida Blackwell

Mailing Address P.O. Box 673

City Conifer State CO Zip Code 80433-0673

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00344

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Merida Blackwell

Mailing Address P.O. Box 673

City Conifer State CO Zip Code 80433-0673

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00345

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Sherwood C. Blake

Mailing Address 2 Sutton Place S.  
Apartment 6 A.

City State Zip Code  
New York NY 10022-3070

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00346

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Miles G. Blakeslee, Jr.

Mailing Address 2255 Ridge Road

City State Zip Code  
North Haven CT 06473-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00347

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gregory R. Blank

Mailing Address 20368 N. 93Rd Place

City State Zip Code  
Scottsdale AZ 85255-6619

FEC ID number of contributing federal political committee. **C**

Name of Employer Summit Holdings, Inc. Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00348

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gail Blanton

Mailing Address 3069 Dartmouth Drive

City Greenville State NC Zip Code 27858-6746

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00349

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David H. Blattner, Jr.

Mailing Address 23764 County Road 12

City Richmond State MN Zip Code 56368-8355

FEC ID number of contributing federal political committee. **C**

Name of Employer Blattner & Sons, Inc. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 04 / 2009

**Transaction ID:** 2009M04L11ai00350

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Bliss

Mailing Address 316 Woods Mill Terrace Lane

City Chesterfield State MO Zip Code 63017-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00351

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 124 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. George E. Block, Jr.  
 Mailing Address 2402 Benrus Blvd.  
 City San Antonio State TX Zip Code 78228-2338  
 Date of Receipt 03 / 17 / 2009  
**Transaction ID: 2009M04L11ai00352**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside I.S.D. Occupation Assistant Director Of Athletics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George E. Block, Jr.  
 Mailing Address 2402 Benrus Blvd.  
 City San Antonio State TX Zip Code 78228-2338  
 Date of Receipt 03 / 30 / 2009  
**Transaction ID: 2009M04L11ai00353**  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northside I.S.D. Occupation Assistant Director Of Athletics  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Remo Capra Bloise  
 Mailing Address 163 E. 92Nd Street  
 City New York State NY Zip Code 10128-2420  
 Date of Receipt 03 / 19 / 2009  
**Transaction ID: 2009M04L11ai00354**  
 Amount of Each Receipt this Period 55.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 285.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **255.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Mina Bloom

Mailing Address 61 Lower Cross Road

City State Zip Code  
Greenwich CT 06831-3001

FEC ID number of contributing federal political committee. **C**

Name of Employer: Trans-Continental Credit Collection Co  
Occupation: Secretary / Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00355

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mina Bloom

Mailing Address 61 Lower Cross Road

City State Zip Code  
Greenwich CT 06831-3001

FEC ID number of contributing federal political committee. **C**

Name of Employer: Trans-Continental Credit Collection Co  
Occupation: Secretary / Treasurer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00356

Amount of Each Receipt this Period  
105.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Bloomquist

Mailing Address 1615 California St., Suite 307

City State Zip Code  
Denver CO 80202-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer: Resource Consulting Int'L  
Occupation: Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00357

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **405.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 126 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Brenda Blot  
 Mailing Address 575 Park Avenue  
 City State Zip Code  
 New York NY 10065-7323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00  
 Date of Receipt: 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai00358  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Howard E. Blum  
 Mailing Address 3 Harbour Point Drive  
 City State Zip Code  
 Northport NY 11768-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00359  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Howard E. Blum  
 Mailing Address 3 Harbour Point Drive  
 City State Zip Code  
 Northport NY 11768-1557  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai00360  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 127 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Emily S. Blunt

Mailing Address 19812 Genito Road

City State Zip Code  
Moseley VA 23120-1082

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00361

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Bodin

Mailing Address 337 Woodside Avenue

City State Zip Code  
Franklin Lakes NJ 07417-2030

FEC ID number of contributing federal political committee. **C**

Name of Employer Oltron Incorporated Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00362

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Tracy Boesch

Mailing Address 21115 Crystal Greens Drive

City State Zip Code  
Katy TX 77450-8651

FEC ID number of contributing federal political committee. **C**

Name of Employer Transtech Medical Solutions Occupation President and Coo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00363

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen W. Boesel

Mailing Address 23 Seminary Farm Road

City State Zip Code  
Lutherville Timoni MD 21093-4548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00364

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Deborah A. Boghosian

Mailing Address 4 Coronet Court

City State Zip Code  
Schenectady NY 12309-1929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dynacare Laboratories Medical Technologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00365

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Pam Boker

Mailing Address 719 Bedford Road

City State Zip Code  
Mount Kisco NY 10549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00366

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pam Boker

Mailing Address 719 Bedford Road

City State Zip Code  
Mount Kisco NY 10549

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00367

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steve Bolen

Mailing Address 8685 Traveling Breeze Avenue  
Unit 102

City State Zip Code  
Las Vegas NV 89178-7707

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Desert Cab Taxidriver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00368

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John H. Bolin, Sr.

Mailing Address 7869 Main Hwy.

City State Zip Code  
St. Martinville LA 70582-7807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Edg Prof. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00369

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John H. Bolin, Sr.

Mailing Address 7869 Main Hwy.

City State Zip Code  
St. Martinville LA 70582-7807

FEC ID number of contributing federal political committee. **C**

Name of Employer Edg Occupation Prof. Engineer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00370

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. William R Bollin

Mailing Address 8729 Big Cypress Circle

City State Zip Code  
Sylvania OH 43560-8919

FEC ID number of contributing federal political committee. **C**

Name of Employer The Bostwick-Braun Company Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00371

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Bolton

Mailing Address 1003 Hunters Point Lane SW

City State Zip Code  
Rochester MN 55902-3481

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00372

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 131 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William G. Bonozo

Mailing Address 20229 Inland Lane

City Malibu State CA Zip Code 90265-5319

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 27 / 2009  
Transaction ID: 2009M04L11ai00374  
Amount of Each Receipt this Period 220.00

**B.** Full Name (Last, First, Middle Initial)  
Rev. John W. Bookout

Mailing Address P.O. Box 76

City Hartley State TX Zip Code 79044-0076

FEC ID number of contributing federal political committee. **C**

Name of Employer Hartley Christian Fellowship Occupation Pastor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009  
Transaction ID: 2009M04L11ai00375  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan W. Boone, III

Mailing Address 2660 Peachtree Road  
Apartment 35H

City Atlanta State GA Zip Code 30305-3682

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlanta Capital Management Company Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai00376  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard W. Booth

Mailing Address 11 Resplandor Place

City State Zip Code  
Hot Springs Villag AR 71909-7724

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00377

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City State Zip Code  
Tinton Falls NJ 07753-7761

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00378

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City State Zip Code  
Tinton Falls NJ 07753-7761

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00379

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1065.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Gertraud A. Bopp

Mailing Address 301 Arbor Court

City State Zip Code  
Tinton Falls NJ 07753-7761

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai00380

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Border

Mailing Address 6650 W. Flamingo Road  
Apartment 221

City State Zip Code  
Las Vegas NV 89103-2144

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai00381

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Wayne Border

Mailing Address 556 Purple Lilac Ln.

City State Zip Code  
Sandy UT 84070-6200

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Ufah Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai00382

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 134 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott Born

Mailing Address 19934 Ne 155th St

City State Zip Code  
Woodinville WA 98077-7702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Black Lowe and Graham Plc Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00383

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Darrell E. Borne

Mailing Address 561 Gramercy Drive N.E.

City State Zip Code  
Marietta GA 30068-4872

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sciele Pharma, Inc. Cfo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00384

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Hans S. Borov

Mailing Address 3882 Burrsville Rd

City State Zip Code  
Harrington DE 19952-4627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00385

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1285.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 135 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. P. C. Borra |   | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address P.O. Box 854                               |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 | 9 |
|   | M  | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3   |   | 3 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Harbor Springs MI 49740-0854        |   | <b>Transaction ID:</b> 2009M04L11ai00386  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>1000.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Cola Health Services, Inc.  |  | Occupation<br>Business Executive              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Ronald A. Boss |  | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 977 Coach Way  |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 |
|   | M  | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3  |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Annapolis MD 21401-6413                       |  | <b>Transaction ID:</b> 2009M04L11ai00387  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>100.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Ret.  |  | Occupation<br>Ret.                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Ronald A. Boss |   | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 977 Coach Way  |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 7 |  | 2 | 0 | 0 | 9 |
|   | M  | M   | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3   |   | 2 | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Annapolis MD 21401-6413                       |   | <b>Transaction ID:</b> 2009M04L11ai00388  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>50.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Ret.  |  | Occupation<br>Ret.                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 136 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Daniel Bosworth  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|   | Mailing Address P. O. Box 103                                   | <b>Transaction ID:</b> 2009M04L11ai00389            |
|   | City State Zip Code<br>White Lake SD 57383-0103                 | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                              |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Aubrey J. Bourgeois | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 10100 Hillview Drive<br>Apartment 608              | <b>Transaction ID:</b> 2009M04L11ai00390            |
|   | City State Zip Code<br>Pensacola FL 32514-5460                     | Amount of Each Receipt this Period<br>150.00        |
|   | FEC ID number of contributing federal political committee.<br>C    |   |
|   | Name of Employer Occupation<br>Retired Retired                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Jo Bousek   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|   | Mailing Address 2001 S. 24Th Street                             | <b>Transaction ID:</b> 2009M04L11ai00391            |
|   | City State Zip Code<br>Lincoln NE 68502-3010                    | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Requested Requested              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 137 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. David N. Bouton   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 1620 Pegfair Estates Drive   | <b>Transaction ID:</b> 2009M04L11ai00392            |
|           | City Pasadena State CA Zip Code 91103-1934   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Davalan Sales Occupation Chief Executive Of Operations<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Harry E. Bovay, Jr.   | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 3355 W. Alabama Street Suite 1140  | <b>Transaction ID:</b> 2009M04L11ai00393            |
|           | City Houston State TX Zip Code 77098-1863  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joe Bowden   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 2119 Park Willow Lane Apartment D.  | <b>Transaction ID:</b> 2009M04L11ai00394            |
|           | City Arlington State TX Zip Code 76011-3267   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Bell Helicopter Occupation Tool Design Engineer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Bowden, II

Mailing Address 21 Chauncy Street  
Apartment 38

City Cambridge State MA Zip Code 02138-2454

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai00395

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Bower

Mailing Address 1608 Sunset Drive

City Twin Lakes State WI Zip Code 53181-9732

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00396

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Bower

Mailing Address 1608 Sunset Drive

City Twin Lakes State WI Zip Code 53181-9732

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai00397

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James W. Bowers

Mailing Address P.O. Box 1271

City State Zip Code  
Gainesville GA 30503-1271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 206.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00398

Amount of Each Receipt this Period  
206.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. George Bowman

Mailing Address 1200 Ridgeline Drive

City State Zip Code  
Boyer City MI 49712-8729

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00399

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Caroline E. Boyd

Mailing Address 4424 Carolina Highway

City State Zip Code  
Denmark SC 29042-1666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Caroline Collection Fine Antiques Antique Dealer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai00400

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

756.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan Boyd

Mailing Address 1400 West Third Ave.

City State Zip Code  
Denver CO 80223-1416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boyd Investment Company Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00401

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Boyd

Mailing Address 324 S.W. 13Th Place

City State Zip Code  
Boca Raton FL 33432-7173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00402

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Sally E Boyd

Mailing Address 1720 SE 16th Av  
Bldg 200

City State Zip Code  
Ocala FL 34471-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00403

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott Boyd

Mailing Address 6420 Cherry Hill Parkway

City State Zip Code  
Fort Wayne IN 46835-9637

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00404

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Susan P. Boyd

Mailing Address 30 Beach Walker Road

City State Zip Code  
Fernandina Beach FL 32034-6600

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00405

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. T. J. Boyd

Mailing Address P.O. Box 11351

City State Zip Code  
Midland TX 79702-8351

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00406

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. T. J. Boyd

Mailing Address P.O. Box 11351

City State Zip Code  
Midland TX 79702-8351

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00407

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Boyd

Mailing Address 510 Strachan Avenue

City State Zip Code  
Savannah GA 31406-8418

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00408

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tom Boyd

Mailing Address 510 Strachan Avenue

City State Zip Code  
Savannah GA 31406-8418

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00409

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Alice C. Boyd-Gano

Mailing Address 5308 Pine Forest Road

City State Zip Code  
Houston TX 77056-1315

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00410

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald E Boyer

Mailing Address 26615 W 103rd Ter

City State Zip Code  
Olathe KS 66061-7441

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00411

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald E Boyer

Mailing Address 26615 W 103rd Ter

City State Zip Code  
Olathe KS 66061-7441

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00412

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **710.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Bozic

Mailing Address 1 Trimont Lane 1000-A

City State Zip Code  
Pittsburgh PA 15211-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai00413  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John S. Bozic

Mailing Address 12 Annabelle Lane

City State Zip Code  
Florham Park NJ 07932-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Mitchell Supreme Inc. Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai00414  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Cassandra Brabham

Mailing Address 4 Dunleith Court

City State Zip Code  
Irmo SC 29063-8042

FEC ID number of contributing federal political committee. **C**

Name of Employer Noel Taylor Agency Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00415  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Bradford

Mailing Address 3517 Briarwood Blvd.

City Billings State MT Zip Code 59101-9406

FEC ID number of contributing federal political committee. **C**

Name of Employer Carpenter Creek, L.L.C. Occupation Coal Mine Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai00416  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory M. Bradley

Mailing Address 55 Jordan Road

City Indianapolis State IN Zip Code 46217-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai00417  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gregory M. Bradley

Mailing Address 55 Jordan Road

City Indianapolis State IN Zip Code 46217-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai00418  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 146 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dennis A Brady  | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 1455 Ocean Drive #1607   | <b>Transaction ID:</b> 2009M04L11ai00419            |
|           | City Miami Beach State FL Zip Code 33139   | Amount of Each Receipt this Period<br>2000.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self Occupation Consultant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 2000.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Richard T. Brady  | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|           | Mailing Address 112 E. Pecan Street Suite 1800   | <b>Transaction ID:</b> 2009M04L11ai00420            |
|           | City San Antonio State TX Zip Code 78205-1521  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Cox, Smith & Matthews, Inc. Occupation Attorney<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 600.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. James D. Braga   | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|           | Mailing Address 22535 220Th Street  | <b>Transaction ID:</b> 2009M04L11ai00421            |
|           | City Eldora State IA Zip Code 50627-8313  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward O. Bramman

Mailing Address 7408 Granbury Circle

City State Zip Code  
Saint Louis MO 63123-2009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00422

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Ann Brandau

Mailing Address 4033 Mary Drive

City State Zip Code  
Onalaska WI 54650-8427

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 515.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00423

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allan Brandt

Mailing Address 2510 Jarratt Avenue

City State Zip Code  
Austin TX 78703-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00424

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Allan Brandt

Mailing Address 2510 Jarratt Avenue

City State Zip Code  
Austin TX 78703-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai00425

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Glenn S. Brant

Mailing Address P.O. Box 3396

City State Zip Code  
Midland TX 79702-3396

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00426

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Fred Braselton

Mailing Address 6910 Sir Palleas

City State Zip Code  
Corpus Christi TX 78413-5303

FEC ID number of contributing federal political committee. **C**

Name of Employer Braselton Homés Occupation Homebuilder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00427

Amount of Each Receipt this Period  
205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **955.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Sanford P. Brass

Mailing Address 3000 Ella Lee Ln

City State Zip Code  
Houston TX 77019-5910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gulf Coast Asphalt President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00428

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Jane Braswell

Mailing Address 712 Squaw Creek Road

City State Zip Code  
Willow Park TX 76087-8252

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai00429

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Karl Brauer

Mailing Address 1719 Hidden Villas Dr.

City State Zip Code  
Kingwood TX 77339-3333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kbr Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00430

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George Braun

Mailing Address 5427 Caruth Blvd.

City State Zip Code  
Dallas TX 75209-3527

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00431

Amount of Each Receipt this Period  
270.00

**B.** Full Name (Last, First, Middle Initial)  
Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City State Zip Code  
Alexandria VA 22309-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai00432

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Col. Gustav J. Braun, Jr.

Mailing Address 3104 Little Creek Lane

City State Zip Code  
Alexandria VA 22309-2126

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai00433

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **470.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 151 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Baxter L. Breaux  
Mailing Address 4100 Springbrook Drive  
City Odessa State TX Zip Code 79762-8028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00434  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis Breck  
Mailing Address 1655 Valley Drive  
City Venice State FL Zip Code 34292-4321  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00435  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Bredel  
Mailing Address R. R. 4 Box 126  
City Okarche State OK Zip Code 73762-9420  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00436  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 750.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 152 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy L. Breen - Mc Craley

Mailing Address 6195 Storyteller Ct.

City State Zip Code  
Reno NV 89511-4352

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St. Nicholas School Teacher's Aide

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00437  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Beamer Breiling

Mailing Address 3233 Parkview Court S.E.

City State Zip Code  
Cedar Rapids IA 52403-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00438  
Amount of Each Receipt this Period: 125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard F. Brenner

Mailing Address 612 Ardrey Circle

City State Zip Code  
Davidson NC 28036-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai00439  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ann and Kevin Brewer

Mailing Address 115 Earl Street

City State Zip Code  
Seaford VA 23696-2312

FEC ID number of contributing federal political committee. **C**

Name of Employer lcg Occupation Cfo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00440

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Maxine Brian

Mailing Address 92 Steeple Chase Drive

City State Zip Code  
Media PA 19063-1975

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00441

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. P. L. Thibaut Brian

Mailing Address 1183 Edgewater Circle

City State Zip Code  
Bradenton FL 34209-9745

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00442

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Neil I. Brickel

Mailing Address 867 Minarca Drive

City State Zip Code  
Des Peres MO 63131-2029

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00443

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Shane P. Brickley

Mailing Address 10326 Barker Road

City State Zip Code  
Oak Hills CA 92344-0253

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00444

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald E Bridges

Mailing Address 154 Paul Dive

City State Zip Code  
Brownsboro AL 35741

FEC ID number of contributing federal political committee. **C**

Name of Employer Itt/Cas Occupation Test Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00445

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 155 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tucker Bridwell

Mailing Address P.O. Box 1616

City Abilene State TX Zip Code 79604-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Mansfield Investment Corp. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 10 / 2009  
**Transaction ID: 2009M04L11ai00446**  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip Briggs

Mailing Address 36896 N. 104Th Place

City Scottsdale State AZ Zip Code 85262-4063

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID: 2009M04L11ai00447**  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Rosemary Briggs

Mailing Address 4711 Watauga Road

City Dallas State TX Zip Code 75209-1923

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID: 2009M04L11ai00448**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Natalie Bright

Mailing Address 1415 23Rd St.  
Sunlight Exploration Inc

City Canyon State TX Zip Code 79015-5323

FEC ID number of contributing federal political committee. **C**

Name of Employer Sunlight Exploration, Inc Occupation Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00449  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Norman Brinker

Mailing Address 10235 Strait Lane

City Dallas State TX Zip Code 75229-6533

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00450  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Karyn Bristow

Mailing Address 5 Blackmer Road

City Englewood State CO Zip Code 80113-6109

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai00451  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 1600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edgar R. Britt

Mailing Address 200 The Glebe Blvd.  
Apartment 4012

City Daleville State VA Zip Code 24083-3728

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00452

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William E. Britt

Mailing Address 188 D. Edgewater Park

City Bronx State NY Zip Code 10465

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00453

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Peter Broadbent, Jr.

Mailing Address 4804 Cary Street Road

City Richmond State VA Zip Code 23226-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer Christian & Barton, Llp Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 430.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00454

Amount of Each Receipt this Period  
330.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 585.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Brockie

Mailing Address 7529 Maplecrest Drive

City State Zip Code  
Dallas TX 75254-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00455

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gail J. Brockman

Mailing Address 8440 Frederick Pike

City State Zip Code  
Dayton OH 45414-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00456

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Peter C. Brockway

Mailing Address 443 Royal Palm Way

City State Zip Code  
Boca Raton FL 33432-7945

FEC ID number of contributing federal political committee. **C**

Name of Employer Brockway Moran and Partners, Inc. Occupation Private Equity

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00457

Amount of Each Receipt this Period  
5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Vittorio Brod

Mailing Address 1805 Crystal Drive  
Apartment 213

City State Zip Code  
Arlington VA 22202-4402

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai00458

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Janet E. Bromley

Mailing Address 2124 Wiltshire Blvd.

City State Zip Code  
Huntington WV 25701-5345

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00459

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John L. Bronson

Mailing Address P.O. Box 461

City State Zip Code  
Krebs OK 74554-0461

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00460

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

360.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Erik Bronstein  
Mailing Address 318 Rosemary Lane  
City Narberth State PA Zip Code 19072-1120  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 27 / 2009  
Transaction ID: 2009M04L11ai00461  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Burton W. Brooks  
Mailing Address 1443 Badham Drive  
City Birmingham State AL Zip Code 35216-2910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00462  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Burton W. Brooks  
Mailing Address 1443 Badham Drive  
City Birmingham State AL Zip Code 35216-2910  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00463  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dale Brooks

Mailing Address 79795 Tangelo

City State Zip Code  
La Quinta CA 92253-4581

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00464

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David W. Brooks

Mailing Address P. O. Box 3668

City State Zip Code  
Fort Myers FL 33918-3668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00465

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David W. Brooks

Mailing Address P. O. Box 3668

City State Zip Code  
Fort Myers FL 33918-3668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00466

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. John M. Brooks

Mailing Address 136 Bayou Road

City Greenville State MS Zip Code 38701-7725

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00467

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Kay Brooks

Mailing Address P.O. Box 9

City Sun Prairie State WI Zip Code 53590-0009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00468

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Paul Broome

Mailing Address 3094 Carriage Hills Drive

City Boulder State CO Zip Code 80302-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00469

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 163 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Andrew M. Brown  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |  |  |
|   | Mailing Address P.O.Ox 648                                      |                                    | <b>Transaction ID:</b> 2009M04L11ai00470            |  |  |
|   | City<br>Gadsden   | State<br>AL                        | Zip Code<br>35902                                   | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                               |                                    | Occupation<br>Self-Employed                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Anne A. Brown    |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |  |  |
|   | Mailing Address 212 Knollwood Drive                             |                                    | <b>Transaction ID:</b> 2009M04L11ai00471            |  |  |
|   | City<br>Oxford  | State<br>OH                        | Zip Code<br>45056-8784                              | Amount of Each Receipt this Period<br>110.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Homemaker                                   |                                    | Occupation<br>Homemaker                             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>210.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Caroline Brown  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |  |  |
|   | Mailing Address 132 Pamellia Dr                                 |                                    | <b>Transaction ID:</b> 2009M04L11ai00472            |  |  |
|   | City<br>Bellaire  | State<br>TX                        | Zip Code<br>77401-3712                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Requested                                   |                                    | Occupation<br>Requested                             |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 910.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Catherine M. Brown

Mailing Address 3937 Elsa Street

City Lakewood State CA Zip Code 90712-3872

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai00473

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Brown

Mailing Address P. O. Box 738

City Ignacio State CO Zip Code 81137-0738

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai00474

Amount of Each Receipt this Period 115.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey S. Brown

Mailing Address 2294 North 2350 East

City Layton State UT Zip Code 84040-8054

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai00475

Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1365.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jimmy L. Brown

Mailing Address 8002 Cameron Road

City State Zip Code  
Richmond VA 23229-8402

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00476

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joel Everett Brown

Mailing Address 125 Cuello Court  
Unit 201

City State Zip Code  
Ponte Vedra FL 32082-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00477

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John F. Brown

Mailing Address 1024 Harvard Road

City State Zip Code  
Grosse Pointe MI 48230-1454

FEC ID number of contributing federal political committee. **C**

Name of Employer South Field Radiology Associates P.C. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai00478

Amount of Each Receipt this Period  
660.00

**SUBTOTAL** of Receipts This Page (optional) .....

1060.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Brown

Mailing Address 517 Wyss Ridge Drive

City State Zip Code  
Fort Wayne IN 46819-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00479

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry L. Brown

Mailing Address 517 Wyss Ridge Drive

City State Zip Code  
Fort Wayne IN 46819-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00480

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence L. Brown

Mailing Address 335 Alanbrook Avenue

City State Zip Code  
Sherwood AR 72120-4832

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00481

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 167 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |  |
|---|---|-------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Lionel G Brown       |                                     | Date of Receipt  |
|   | Mailing Address 19 Shepherd Hill Rd                                 |                                     | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 16 / 2009 |
|   | City  | State                               | Zip Code   |
|   | Newtown   | CT                                  | 06470  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai00482   |
| Name of Employer<br>Hand Center Of West. Ct.  |   | Occupation<br>Hand Surgeon          | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 | <input type="text"/> 1000.00   |

|   |   |                                    |  |
|---|---|------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Miss Louise C. Brown     |                                    | Date of Receipt  |
|   | Mailing Address 465 Broyles Lane                                    |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 31 / 2009 |
|   | City  | State                              | Zip Code   |
|   | Bristol   | TN                                 | 37620-0715   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai00483   |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>550.00 | <input type="text"/> 250.00  |

|   |  |                                    |  |
|---|--|------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Maria Da Gloria G. Brown |                                    | Date of Receipt  |
|   | Mailing Address 20014 103Rd Court N.E.                                   |                                    | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 23 / 2009 |
|   | City   | State                              | Zip Code   |
|   | Bothell  | WA                                 | 98011-2457   |
|   | FEC ID number of contributing federal political committee. <b>C</b>      |                                    | <b>Transaction ID:</b> 2009M04L11ai00484   |
| Name of Employer<br>Homemaker   |  | Occupation<br>Homemaker            | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00 | <input type="text"/> 100.00  |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Otis Brown

Mailing Address 2903 Sugarberry Lane

City Midlothian State VA Zip Code 23113-1418

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00485  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Owen Brown

Mailing Address 695 River Knoll Dr. Se

City Marietta State GA Zip Code 30067-4748

FEC ID number of contributing federal political committee. **C**

Name of Employer Retail Planning Corporation Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00486  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard G. Brownd

Mailing Address 288 Koons Road

City Mossyrock State WA Zip Code 98564-9716

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai00487  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Carroll A. Browne

Mailing Address 1005 S. Garfield Drive

City State Zip Code  
Sioux Falls SD 57105-0213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00488

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Carroll A. Browne

Mailing Address 1005 S. Garfield Drive

City State Zip Code  
Sioux Falls SD 57105-0213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00489

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert W. Browne

Mailing Address 2912 Riviera Blvd.

City State Zip Code  
Malaga WA 98828-9733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00490

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David S. Browning

Mailing Address 8437 Tuttle Avenue  
Unit 310

City State Zip Code  
Sarasota FL 34243-2868

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00491

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Browning

Mailing Address 8437 Tuttle Avenue  
Unit 310

City State Zip Code  
Sarasota FL 34243-2868

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00492

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ray Brownlie

Mailing Address 10 Cherrymoor Drive

City State Zip Code  
Englewood CO 80113-6002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00493

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 171 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Robert W. Broyles

Mailing Address P.O. Box 100744

City State Zip Code  
 Fort Worth TX 76185-0744

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00494

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Roger G. Bruce

Mailing Address 5225 S. Prince Street  
 Apartment 715

City State Zip Code  
 Littleton CO 80123-7776

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00495

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Mark & Jamie Brunette

Mailing Address 19518 Country Village Drive

City State Zip Code  
 Spring TX 77388-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer Northside Plumbing Supply Occupation I.M.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00496

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles H. Brunie

Mailing Address 21 Elm Rock Road

City State Zip Code  
Bronxville NY 10708-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00497

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Don Bryant

Mailing Address 271 County Road 40

City State Zip Code  
Muleshoe TX 79347-5233

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1080.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00498

Amount of Each Receipt this Period

360.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Neil Bryant

Mailing Address P.O. Box 104

City State Zip Code  
Shaw Island WA 98286-3229

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00499

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1110.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Weston Bubar

Mailing Address 293 Great Moose Drive

City State Zip Code  
Hartland ME 04943-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai00500

Amount of Each Receipt this Period  
205.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Barbara H. Buchanan

Mailing Address 628 Trailwood Ln. S.W.

City State Zip Code  
Marietta GA 30064-4627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00501

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David R Buchanan

Mailing Address 6301 E. Huntress Drive

City State Zip Code  
Paradise Valley AZ 85253-8001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00502

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1430.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Roger W. Buchanan

Mailing Address 1157 Gurley Dairy Road N.W.

City State Zip Code  
Pikeville NC 27863-8732

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00503

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Suzette Buchanan

Mailing Address 1507 Ridgemont Court

City State Zip Code  
Fullerton CA 92831-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00504

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Suzette Buchanan

Mailing Address 1507 Ridgemont Court

City State Zip Code  
Fullerton CA 92831-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00505

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wilton Ray Buchanan

Mailing Address 1595 Elkhart Circle

City State Zip Code  
Gastonia NC 28054-7705

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00506

Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alex Bucher

Mailing Address 2103 Golden Pond Drive

City State Zip Code  
Kingwood TX 77345

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00507

Amount of Each Receipt this Period: 375.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. August R. Buchhalter

Mailing Address 4910A Meridian Way  
Apartment 7

City State Zip Code  
Frederick MD 21703-6886

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Pinney Associates Scientist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00508

Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sara L. Buck

Mailing Address 4535 Province Line Road

City State Zip Code  
Princeton NJ 08540-2211

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Volunteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00509

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Buck

Mailing Address 510 E. 96Th Street Suite 500

City State Zip Code  
Nora IN 46240-9562

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Merrill Lynch Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00510

Amount of Each Receipt this Period  
380.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marlene S. Buckley

Mailing Address 4100 Oak Forest Drive

City State Zip Code  
Des Moines IA 50312-4633

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00511

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1130.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Steven Buckley

Mailing Address 6007 Macon Court S.E.

City State Zip Code  
Huntsville AL 35802-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer The Orthapedic Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00512

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Steven Buckley

Mailing Address 6007 Macon Court S.E.

City State Zip Code  
Huntsville AL 35802-1931

FEC ID number of contributing federal political committee. **C**

Name of Employer The Orthapedic Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00513

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter P. Buckthal

Mailing Address 2028 S. Austen  
Apartment 1102

City State Zip Code  
Amarillo TX 79109-1961

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00514

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thaddeus J. Buda, Jr.

Mailing Address 2417 Cheltingham Blvd.

City State Zip Code  
Lansing MI 48917-5158

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00515

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Buerkle

Mailing Address P.O. Box 2233

City State Zip Code  
Sun City AZ 85372-2233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00516

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alfred J. Buescher

Mailing Address 4901 Lakeside Avenue East

City State Zip Code  
Cleveland OH 44114-3931

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Interstate Diesel Service, Inc. Business Executive

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00517

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 179 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Henry M. Buhl        |                             | Date of Receipt   |
|   | Mailing Address 114 Greene Street                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 18 / 2009 |
|   | City  | State                       | Zip Code  |
|   | New York  | NY                          | 10012-3829  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00518  |
| Name of Employer<br>Associates Of Community   |   | Occupation<br>Social Worker | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 250.00   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Karen L Buhl        |                             | Date of Receipt   |
|   | Mailing Address 211 Neltom Drive                                    |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Pierre  | SD                          | 57501-4806  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00519  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 750.00   |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank C. Buhlman     |                          | Date of Receipt   |
|   | Mailing Address 4600 Alpes Way                                      |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 26 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Reno  | NV                       | 89511-5086  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai00520  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/> 330.00   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1330.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 180 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Raymond Bukaty   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|   | Mailing Address 1 Corona  |                                    | <b>Transaction ID:</b> 2009M04L11ai00521            |  |  |
|   | City<br>Irvine  | State<br>CA                        | Zip Code<br>92603-5704                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer Requested                                      |                                    | Occupation Requested                                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Charlotte E. Bunnell |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |  |  |
|   | Mailing Address 700 Black Lake Blvd. SW #131                        |                                    | <b>Transaction ID:</b> 2009M04L11ai00522            |  |  |
|   | City<br>Olympia   | State<br>WA                        | Zip Code<br>98502-8631                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C     |                                    |   |  |  |
|   | Name of Employer Requested  |                                    | Occupation Requested                                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>490.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Dallas S. Bunton, Sr. |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |  |  |
|   | Mailing Address 5827 Rainbow Spring Drive                            |                                    | <b>Transaction ID:</b> 2009M04L11ai00523            |  |  |
|   | City<br>Chattanooga  | State<br>TN                        | Zip Code<br>37416-1049                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    |   |  |  |
|   | Name of Employer<br>North American Credit Service                    |                                    | Occupation<br>Chief Executive Officer               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City State Zip Code  
Alexandria VA 22314-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00524

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City State Zip Code  
Alexandria VA 22314-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00525

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David M. Burke

Mailing Address 1004 Vassar Road

City State Zip Code  
Alexandria VA 22314-4730

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 905.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai00526

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 182 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kelly Burke

Mailing Address 803 Choctaw Lane

City State Zip Code  
**Shalimar FL 32579-2248**

FEC ID number of contributing federal political committee. C

Name of Employer Retired      Occupation Retired

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00527

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
R. J. Burke

Mailing Address 18433 Amistad Street

City State Zip Code  
**Fountain Valley CA 92708-6906**

FEC ID number of contributing federal political committee. C

Name of Employer Tiempo Escrow II      Occupation C. E. O.

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00528

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
R. J. Burke

Mailing Address 18433 Amistad Street

City State Zip Code  
**Fountain Valley CA 92708-6906**

FEC ID number of contributing federal political committee. C

Name of Employer Tiempo Escrow II      Occupation C. E. O.

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00529

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eugene Burkemper

Mailing Address 24259 Lawson Hill Lane

City State Zip Code  
**Brashear MO 63533-2522**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00530

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Terry M Burleson

Mailing Address 525 N State Rt 25

City State Zip Code  
**Dexter MO 63841-1380**

FEC ID number of contributing federal political committee. C

Name of Employer Chrisman Lp Gas Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00531

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. J. Bricker Burns

Mailing Address 1239 Winding Branch Circle

City State Zip Code  
**Atlanta GA 30338-3935**

FEC ID number of contributing federal political committee. C

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00532

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1300.00

**TOTAL** This Period (last page this line number only) .....



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna J. Burrill

Mailing Address P. O. Box 143

City State Zip Code  
Fort Collins CO 80522-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00536

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Oliver M. Burrows

Mailing Address 2400 Martingail Drive

City State Zip Code  
Covina CA 91724-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Foothill Family Practice Group Medical Doctor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00537

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raymond & Shirley M. Burt

Mailing Address P.O. Box 888

City State Zip Code  
Ilwaco WA 98624-0888

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 201.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00538

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

601.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Raymond & Shirley M. Burt

Mailing Address P.O. Box 888

City

Ilwaco

State

WA

Zip Code

98624-0888

FEC ID number of contributing federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00539

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. David C Burton

Mailing Address P.O. Box 1347

City

Janesville

State

WI

Zip Code

53547-1347

FEC ID number of contributing federal political committee.

C

Name of Employer  
Performance Micro Tool

Occupation  
Business Owner

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai00540

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. R. M. Burton

Mailing Address 6808 Legend Lane

City

Cheyenne

State

WY

Zip Code

82009-8388

FEC ID number of contributing federal political committee.

C

Name of Employer  
Congressman Lummis

Occupation  
Field Representative

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00541

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. R. M. Burton

Mailing Address 6808 Legend Lane

City State Zip Code  
Cheyenne WY 82009-8388

FEC ID number of contributing federal political committee. **C**

Name of Employer Congressman Lummis  
Occupation Field Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00542

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert E. Burton

Mailing Address 105 Post Oak Trail

City State Zip Code  
Athens GA 30606-1300

FEC ID number of contributing federal political committee. **C**

Name of Employer Burton & Burton  
Occupation Gift Distributor & Importer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00543

Amount of Each Receipt this Period  
5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Laura J. Busby

Mailing Address 317 Carter Cove

City State Zip Code  
Lake City AR 72437-9000

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00544

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5150.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Alice Busch

Mailing Address 1509 Cherokee Road

City State Zip Code  
Florence SC 29501-4551

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00545

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
Stephen & Donna Busch

Mailing Address 2279 Arborcrest Road

City State Zip Code  
Moscow ID 83843-9106

FEC ID number of contributing federal political committee. **C**

Name of Employer Busch Distributors, Inc. Occupation Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00546

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Roger M. Busfield, Jr.

Mailing Address P.O. Box 2267

City State Zip Code  
Georgetown TX 78627-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00547

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **910.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Roger M. Busfield, Jr.  
Mailing Address P.O. Box 2267

City State Zip Code  
Georgetown TX 78627-2267

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00548

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Miriam Bushnell  
Mailing Address 11550 N.W. Highway 225 A.

City State Zip Code  
Reddick FL 32686-4329

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00549

Amount of Each Receipt this Period  
370.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William F. Butin  
Mailing Address 312 Duck Lake Drive

City State Zip Code  
Lakeway TX 78734-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00550

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. James G. Butler

Mailing Address 6010 Thoroughbred Ridge

City State Zip Code  
College Station TX 77845-2324

FEC ID number of contributing federal political committee. **C**

Name of Employer I.I.C.A. Occupation Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai00551

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Butler

Mailing Address 211 Mays Drive

City State Zip Code  
Bloomington IL 61701-2032

FEC ID number of contributing federal political committee. **C**

Name of Employer Chesser Financial Occupation Registered Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00552

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nona A. Butterworth

Mailing Address 182 Irving Place

City State Zip Code  
Basking Ridge NJ 07920-3083

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00553

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Manny D. Buzzell

Mailing Address 6105 Johnson Chapel Road

City State Zip Code  
Brentwood TN 37027-5720

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00554  
 Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter Byers

Mailing Address 25707 Aiken Switch Road

City State Zip Code  
Emmett KS 66422-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00555  
 Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael L Byrd

Mailing Address 25587 Magnolia Rd

City State Zip Code  
Hockley TX 77447-5203

FEC ID number of contributing federal political committee. **C**

Name of Employer Bp      Occupation Engineer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00556  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 192 / 1940              |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Milissa Byrd  
 Mailing Address 6250 Riverside Dr. NW  
 City Atlanta State GA Zip Code 30328-3624  
 Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai00557  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pro Seal Plus Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Sylvia & Robert Byrd  
 Mailing Address 12975 Highway 17  
 City Montevallo State AL Zip Code 35115-8730  
 Date of Receipt 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai00558  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Green Valley Farms, Inc. Occupation Nurseryman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. James P. Byrnes  
 Mailing Address 1940 Cole Road  
 City Nunda State NY Zip Code 14517-9665  
 Date of Receipt 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai00559  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 193 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                      |   |  |  |
|---|---|----------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James Byrns      |                      | Date of Receipt                               |  |  |
|   | Mailing Address 3900 Valley Oaks Drive                          |                      | M M / D D / Y Y Y Y Y<br>03 / 11 / 2009       |  |  |
|   | City<br>Clinton   | State<br>IA          | Zip Code<br>52732                             | <b>Transaction ID:</b> 2009M04L11ai00560 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                      | Amount of Each Receipt this Period<br>1000.00 |  |  |
|   | Name of Employer<br>Custom Park, Inc.                           | Occupation<br>C.E.O. |   | Aggregate Year-to-Date ▼<br>1000.00      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                      |   |  |  |

|   |   |                       |   |  |  |
|---|---|-----------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Jann Bytheway    |                       | Date of Receipt                               |  |  |
|   | Mailing Address 9135 Golden Gate Avenue                         |                       | M M / D D / Y Y Y Y Y<br>03 / 25 / 2009       |  |  |
|   | City<br>Orangevale  | State<br>CA           | Zip Code<br>95662-2219                        | <b>Transaction ID:</b> 2009M04L11ai00561 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                       | Amount of Each Receipt this Period<br>2500.00 |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired |   | Aggregate Year-to-Date ▼<br>2500.00      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                       |   |  |  |

|   |   |                         |   |  |  |
|---|---|-------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John Cabanas     |                         | Date of Receipt                               |  |  |
|   | Mailing Address 932 Ponce De Leon Blvd.<br>#B                   |                         | M M / D D / Y Y Y Y Y<br>03 / 13 / 2009       |  |  |
|   | City<br>Coral Gables  | State<br>FL             | Zip Code<br>33134-3010                        | <b>Transaction ID:</b> 2009M04L11ai00562 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                         | Amount of Each Receipt this Period<br>1000.00 |  |  |
|   | Name of Employer<br>Requested                                   | Occupation<br>Requested |   | Aggregate Year-to-Date ▼<br>1000.00      |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                         |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 4500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Damon W. Cable

Mailing Address 1025 N. Nielson Street

City State Zip Code  
Gilbert AZ 85234-3346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ev Peds Pediatric Nurse Practitioner

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00563

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Orlando G. Cabrera

Mailing Address 1865 Brickell Avenue  
Apartment A2003

City State Zip Code  
Miami FL 33129-1652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00564

Amount of Each Receipt this Period  
35.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Orlando G. Cabrera

Mailing Address 1865 Brickell Avenue  
Apartment A2003

City State Zip Code  
Miami FL 33129-1652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00565

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Ellen B. Cadick

Mailing Address 2555 S. Atlantic Avenue  
Apartment 202

City State Zip Code  
Daytona Beach FL 32118-5531

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00566

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David G. Cadiz

Mailing Address 1003 Bishop Street  
Suite 360

City State Zip Code  
Honolulu HI 96813-6408

FEC ID number of contributing federal political committee. **C**

Name of Employer C.I.S. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00567

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John J. Cady

Mailing Address 223 E. Pine Meadows Court

City State Zip Code  
Andover KS 67002-8840

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai00568

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bill Cagle

Mailing Address 5910 S. University Blvd. #C18432

City Greenwood Village State CO Zip Code 80121

FEC ID number of contributing federal political committee. **C**

Name of Employer Independent Production Co Inc Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00569  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin J. Cain

Mailing Address 2329 Eldger Drive

City Plano State TX Zip Code 75025-2146

FEC ID number of contributing federal political committee. **C**

Name of Employer Hunt Construction Group, Inc Occupation Construction Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai00570  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Marilyn L. Cain

Mailing Address 4044 Via Ingresio

City Cypress State CA Zip Code 90630-3434

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai00571  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin E. Calderwood

Mailing Address 1236 Tottenham Court

City Reston State VA Zip Code 20194-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Amp Capital Partners Occupation Investor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai00572

Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sydnee Calderwood

Mailing Address 1236 Tottenham Court

City Reston State VA Zip Code 20194-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai00573

Amount of Each Receipt this Period 2300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. & Mr. Barbara & Myron Calhoun

Mailing Address 1152 Avalon Road

City Star City State AR Zip Code 71667-8980

FEC ID number of contributing federal political committee. **C**

Name of Employer BKD LLP Occupation CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai00574

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Callahan

Mailing Address 11011 N. Farm Road 225

City State Zip Code  
Fair Grove MO 65648-8532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00575

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John R. Camp, Jr.

Mailing Address 2532 S.W. 50Th Blvd.

City State Zip Code  
Gainesville FL 32608-3977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00576

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John R. Camp, Jr.

Mailing Address 2532 S.W. 50Th Blvd.

City State Zip Code  
Gainesville FL 32608-3977

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00577

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John R. Camp, Jr.  
Mailing Address 2532 S.W. 50Th Blvd.  
City Gainesville State FL Zip Code 32608-3977  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009  
Transaction ID: 2009M04L11ai00578  
Amount of Each Receipt this Period  
100.00

Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 330.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Campbell  
Mailing Address 379 Three Fearhers  
City Bozeman State MT Zip Code 59718-7748  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009  
Transaction ID: 2009M04L11ai00579  
Amount of Each Receipt this Period  
100.00

Name of Employer Double-Tree, Inc. Occupation Business Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Campbell  
Mailing Address 13487 Turtle Pond Lane  
City Palos Heights State IL Zip Code 60463-2700  
FEC ID number of contributing federal political committee. **C**

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009  
Transaction ID: 2009M04L11ai00580  
Amount of Each Receipt this Period  
165.00

Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 365.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Reno G. Caneva

Mailing Address 225 E. 10Th Street

City State Zip Code  
Lockport IL 60441-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00581

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lewis C. Canfield

Mailing Address 461 E. 20Th Street

City State Zip Code  
Costa Mesa CA 92627-2315

FEC ID number of contributing federal political committee. **C**

Name of Employer Newport Lease/Rental Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00582

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Capt. Davis S. Cangalosi, U.S.N. (Re

Mailing Address 1872 B. Spring Hill Road

City State Zip Code  
Staunton VA 24401-9011

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00583

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Capt. Davis S. Cangalosi, U.S.N. (Re

Mailing Address 1872 B. Spring Hill Road

City State Zip Code  
Staunton VA 24401-9011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00584

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Bruce W. Cannon

Mailing Address 118 Forestview Drive

City State Zip Code  
Beckley WV 25801-9572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sheridan Healthcare, Inc. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00585

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Hazel E. Cannon

Mailing Address 6140 Carriage House Way #6

City State Zip Code  
Reno NV 89519-7341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00586

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Ms. Hazel E. Cannon

Mailing Address 6140 Carriage House Way #6

City State Zip Code  
Reno NV 89519-7341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00587

Amount of Each Receipt this Period  
200.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Salvatore J Cantarella

Mailing Address 103 East Orchid Road

City State Zip Code  
Wildwood Crest NJ 08260

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allied World Assurance Co- Insurance Underwriter  
mpany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00588

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Dr. Joaquin Cantillo

Mailing Address 703 Worthington Mill Road

City State Zip Code  
Richboro PA 18954-1971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trenton Anesthesiology As- Physician  
sociates

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00589

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

950.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City State Zip Code  
Angelica NY 14709-8718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00590

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City State Zip Code  
Angelica NY 14709-8718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00591

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jean B. Capizzi

Mailing Address 5615 Old State Road

City State Zip Code  
Angelica NY 14709-8718

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00592

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Caponiti

Mailing Address 93 Evergreen Ave.

City Rye State NY Zip Code 10580-2052

FEC ID number of contributing federal political committee. **C**

Name of Employer Archimedes Capital Group Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai00593

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Norma Leone Cappelletti

Mailing Address P.O. Box 4749

City Pinehurst State NC Zip Code 28374-4749

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 749.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai00594

Amount of Each Receipt this Period 749.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Caracci

Mailing Address 5018 Riverwood Circle

City Jackson State MS Zip Code 39211-4739

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 2009M04L11ai00595

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1449.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Caragher

Mailing Address 34 Cambridge Road

City State Zip Code  
Lafayette NJ 07848-3010

FEC ID number of contributing federal political committee. **C**

Name of Employer Navigators Management Company      Occupation Insurance

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00596

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. William E. Carl

Mailing Address P.O. Box 698

City State Zip Code  
Beeville TX 78104-0698

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00597

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. William E. Carl

Mailing Address P.O. Box 698

City State Zip Code  
Beeville TX 78104-0698

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      450.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00598

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 206 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Charles H. Carlan  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 3420 Oakmont Drive  | <b>Transaction ID:</b> 2009M04L11ai00599            |
|           | City State Zip Code<br>Pensacola FL 32503-6900  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Hatch Mott Macdonald<br>Occupation Engineer<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>350.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Ann Carley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 2900 Palos Verdes Drive N.  | <b>Transaction ID:</b> 2009M04L11ai00600            |
|           | City State Zip Code<br>Rolling Hills CA 90274-4116  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Judy Carley   | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|           | Mailing Address 4400 N. Irving Street   | <b>Transaction ID:</b> 2009M04L11ai00601            |
|           | City State Zip Code<br>Kingman AZ 86409-2668  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>250.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judy Carley  
Mailing Address 4400 N. Irving Street  
City Kingman State AZ Zip Code 86409-2668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00602  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Judy Carley  
Mailing Address 4400 N. Irving Street  
City Kingman State AZ Zip Code 86409-2668  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00603  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Roy Carls  
Mailing Address 625 Kent Ave., Suite 102  
City Cumberland State MD Zip Code 21502  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Peak Performance Orthopedics Occupation Orthopedic Surgeon  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00604  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 208 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Don Carlson      |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |  |  |
|   | Mailing Address 6200 S. Mc Clintock Drive<br>Suite 105          |                                    | <b>Transaction ID:</b> 2009M04L11ai00605            |  |  |
|   | City<br>Tempe   | State<br>AZ                        | Zip Code<br>85283-3268                              | Amount of Each Receipt this Period<br>110.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                               |                                    | Occupation<br>Self-Employed                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>220.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Royce Carlson |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |   |  |
|   | Mailing Address 518 Easton Avenue                                   |                                     | <b>Transaction ID:</b> 2009M04L11ai00606            |   |  |
|   | City<br>Geneva  | State<br>IL                         | Zip Code<br>60134-3032                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C     |                                     |   |   |  |
|   | Name of Employer<br>R. D. Carlson Insurance Agency I.               |                                     | Occupation<br>Owner                                 |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Donald M. Carlton |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 403 Weston Lane   |                                    | <b>Transaction ID:</b> 2009M04L11ai00607            |  |  |
|   | City<br>Austin  | State<br>TX                        | Zip Code<br>78733-4215                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C         |                                    |   |  |  |
|   | Name of Employer<br>Retired   |                                    | Occupation<br>Retired                               |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1410.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Adrian Carmack

Mailing Address 1611 Cape Hatteras Pl

City State Zip Code  
Rockwall TX 75087-5138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Artist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00608

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kristopher D. Carney

Mailing Address 2 Plymouth Rd.

City State Zip Code  
Summit NJ 07901-3232

FEC ID number of contributing federal political committee. **C**

Name of Employer Keswick Management Inc Occupation Director Of Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00609

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Anna Carozzi

Mailing Address 1955 Wynstone Circle N.E.

City State Zip Code  
North Canton OH 44720-3368

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00610

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 210 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Anna Carozzi

Mailing Address 1955 Wynstone Circle N.E.

City North Canton State OH Zip Code 44720-3368

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai00611  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert R. Carpenter, III

Mailing Address P.O. Box 732

City Montchanin State DE Zip Code 19710-0732

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai00612  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Oliver T Carr

Mailing Address 1750 H Street NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C**

Name of Employer The Oliver T Carr Company Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00373  
Amount of Each Receipt this Period: 5000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5300.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Carr  
Mailing Address P.O. Box 574  
City Junction City State KS Zip Code 66441-0574  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 205.00  
Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00613  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jeff Carr  
Mailing Address 5826 Garth Circle Nw  
City Canton State OH Zip Code 44718-1373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jeffrey Carr Construction Inc. Occupation Owner  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00614  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Milton D. Carr  
Mailing Address 402 Summer Drive  
City Mesquite State TX Zip Code 75149-2537  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 04 / 2009  
Transaction ID: 2009M04L11ai00615  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 212 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Ruth A. Carr   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 325 Cabin Grove Lane  | <b>Transaction ID:</b> 2009M04L11ai00616            |
|           | City State Zip Code<br>Saint Louis MO 63141-8171  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Carr Textile Corp      Occupation Office Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>300.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. P. I. Carraway, Jr.   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 504 Bunker Drive   | <b>Transaction ID:</b> 2009M04L11ai00617            |
|           | City State Zip Code<br>Virginia Beach VA 23462-4508  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Retired      Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>220.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Ralph R. Carruthers  | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 601 Glenway Drive   | <b>Transaction ID:</b> 2009M04L11ai00618            |
|           | City State Zip Code<br>Hamilton OH 45013-3578   | Amount of Each Receipt this Period<br>20.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired      Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      Aggregate Year-to-Date ▼<br>1520.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 270.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thomas & Susan Carruthers

Mailing Address 400 Oak Drive

City State Zip Code  
Glendale OH 45246-4716

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai00619

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Francis W. Carson

Mailing Address 2309 Apparation Court

City State Zip Code  
Saint George UT 84790-8001

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00620

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel R. Carter

Mailing Address 5723 Garden Point Drive

City State Zip Code  
Kingwood TX 77345-1753

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00621

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 214 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Vicki A. Carter      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 1987 Woodlake Drive                                 | <b>Transaction ID:</b> 2009M04L11ai00622            |
|   | City State Zip Code<br>Orange Park FL 32003-7227                    | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed  | Occupation Self-Employed  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. W. L. Carter, Jr.    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|   | Mailing Address 261 S. Lake Pansy Drive                             | <b>Transaction ID:</b> 2009M04L11ai00623            |
|   | City State Zip Code<br>Winter Haven FL 33881-9547                   | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Retired  | Occupation Retired  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Janice G. Cartwright | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |
|   | Mailing Address P.O. Box 387   | <b>Transaction ID:</b> 2009M04L11ai00624            |
|   | City State Zip Code<br>Pauma Valley CA 92061-0387                    | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |   |
| Name of Employer Self-Employed  | Occupation Self-Employed   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Calvin R. Carver

Mailing Address 105 Stewart Road

City State Zip Code  
Short Hills NJ 07078-1923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00625

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Royce J. Carville

Mailing Address 2122 North Avenue

City State Zip Code  
Grand Junction CO 81501-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00626

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Royce J. Carville

Mailing Address 2122 North Avenue

City State Zip Code  
Grand Junction CO 81501-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00627

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John B. Cary

Mailing Address 266 Raymond Drive

City Benicia State CA Zip Code 94510-2739

FEC ID number of contributing federal political committee. **C**

Name of Employer Art, Llc Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00628  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret Casanova

Mailing Address 2525 Cal Young Road  
Apartment 232

City Eugene State OR Zip Code 97401-6474

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai00629  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Royce B. Casey

Mailing Address 1412 Modeste Dr.

City League City State TX Zip Code 77573-3032

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai00630  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Samuel B. Casey

Mailing Address 3138 Barkley Drive

City State Zip Code  
Fairfax VA 22031-2721

FEC ID number of contributing federal political committee. **C**

Name of Employer Christian Legal Society Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai00631  
Amount of Each Receipt this Period: 275.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Omar A. Cassola

Mailing Address 16666 N.W. 19th Avenue

City State Zip Code  
North Miami Beach FL 33162

FEC ID number of contributing federal political committee. **C**

Name of Employer Giosol Corporation Occupation Engineer/President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai00632  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ricardo Castaneda

Mailing Address 3202 Queensbury Way W.

City State Zip Code  
Colleyville TX 76034-4740

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 04 / 2009  
Transaction ID: 2009M04L11ai00633  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1075.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank Catapano

Mailing Address 3 Hickory Pond Lane

City Stratham State NH Zip Code 03885-2496

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00634  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary F. Cater

Mailing Address P.O. Box 194

City Central State SC Zip Code 29630-0194

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 04 / 2009  
Transaction ID: 2009M04L11ai00635  
Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary F. Cater

Mailing Address P.O. Box 194

City Central State SC Zip Code 29630-0194

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai00636  
Amount of Each Receipt this Period: 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Mary F. Cater

Mailing Address P.O. Box 194

City State Zip Code  
Central SC 29630-0194

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00637

Amount of Each Receipt this Period  
35.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Rebecca A. Cates

Mailing Address P.O. Box 632

City State Zip Code  
Cle Elum WA 98922-0632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Expeditors International Accountant  
Of Wa

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00638

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Richard J Cavallaro

Mailing Address 100 Dascomb Road

City State Zip Code  
Andover MA 01810-5852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Empirix Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00639

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

585.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Richard J Cavallaro  
Mailing Address 100 Dascomb Road  
City Andover State MA Zip Code 01810-5852  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Empirix Occupation Engineer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai00640  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wylie D. Cavin, III  
Mailing Address 6409 Landmark Drive  
City Alexandria State LA Zip Code 71301-2344  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mitchell Law Firm Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai00641  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Harry W. Cawthon  
Mailing Address 59 Lakeshore Drive  
City Shalimar State FL Zip Code 32579-2209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00642  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Harry W. Cawthon

Mailing Address 59 Lakeshore Drive

City State Zip Code  
Shalimar FL 32579-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai00643

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Agatha M. Cayia

Mailing Address 3895 S.E. 20Th Street

City State Zip Code  
Ocala FL 34471-5665

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00644

Amount of Each Receipt this Period  
205.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark T. Caylor

Mailing Address 12441 Atherton Road

City State Zip Code  
Anchorage AK 99516-2912

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Native Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00645

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **555.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Martha E. Cepero

Mailing Address 1801 S.W. 99Th Place

City State Zip Code  
Miami FL 33165-7552

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00646

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Martha E. Cepero

Mailing Address 1801 S.W. 99Th Place

City State Zip Code  
Miami FL 33165-7552

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00647

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Marion Cernac

Mailing Address 2141 La Madrona Drive

City State Zip Code  
Santa Cruz CA 95060-1042

FEC ID number of contributing federal political committee. **C**

Name of Employer Quality Home Care Occupation Home Care

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00648

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey J. Chad

Mailing Address 3525 Caruth Blvd.

City State Zip Code  
Dallas TX 75225-5002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Riechad U. S. A., Inc. Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00649

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Harriet Chafee

Mailing Address 20 Stone Tower Lane

City State Zip Code  
Barrington RI 02806-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00650

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Harriet Chafee

Mailing Address 20 Stone Tower Lane

City State Zip Code  
Barrington RI 02806-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00651

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David B. Chaffe, III

Mailing Address 1546 Jefferson Avenue

City State Zip Code  
New Orleans LA 70115-4121

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Chaffe & Associates, Inc. Occupation  
Investment Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00652

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Evan Chaffey

Mailing Address 215 Sunbury Street

City State Zip Code  
Providence RI 02908-1324

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Retired Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00653

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Evan Chaffey

Mailing Address 215 Sunbury Street

City State Zip Code  
Providence RI 02908-1324

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Retired Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00654

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin G. Champagne

Mailing Address 345 Thames Street  
Unit 505

City Bristol State RI Zip Code 02809-1979

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai00655  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Belt Chandler

Mailing Address 7400 Lakeshore Dr.

City Quinton State VA Zip Code 23141-1158

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00656  
Amount of Each Receipt this Period 110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Philip Chapman

Mailing Address 2956 East Del Mar Blvd.  
Apartment 243

City Pasadena State CA Zip Code 91107-4388

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00657  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 710.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 226 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Philip Chapman   | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|           | Mailing Address 2956 East Del Mar Blvd.<br>Apartment 243  | <b>Transaction ID:</b> 2009M04L11ai00658            |
|           | City Pasadena State CA Zip Code 91107-4388  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 650.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Philip Chapman   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 2956 East Del Mar Blvd.<br>Apartment 243  | <b>Transaction ID:</b> 2009M04L11ai00659            |
|           | City Pasadena State CA Zip Code 91107-4388  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 650.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Nestor R. Charriez  | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | Mailing Address 4 Wheatley Court   | <b>Transaction ID:</b> 2009M04L11ai00660            |
|           | City Scotch Plains State NJ Zip Code 07076-2545  | Amount of Each Receipt this Period<br>2500.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Harrison Scott Publications, Inc. Occupation Accountant/Controller<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 2500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Neal Chastain

Mailing Address 4022 18Th Street  
Apartment 12C

City Lubbock State TX Zip Code 79416-6027

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00661

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Neal Chastain

Mailing Address 4022 18Th Street  
Apartment 12C

City Lubbock State TX Zip Code 79416-6027

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00662

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ara A. Cherchian

Mailing Address 3100 Nagawicka Road

City Hartland State WI Zip Code 53029-9355

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

**Transaction ID:** 2009M04L11ai00663

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **475.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert E Chesebro

Mailing Address 216 Euclid Avenue

City State Zip Code  
Sheboygan WI 53083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wigwam Mills Inc. Ceo

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00664

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. H. R. Cheshire

Mailing Address P.O. Box 1610

City State Zip Code  
Statesboro GA 30459-1610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00665

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. H. R. Cheshire

Mailing Address P.O. Box 1610

City State Zip Code  
Statesboro GA 30459-1610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00666

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

610.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Victor Chigas, Sr.

Mailing Address 118 N. Clinton Street  
Suite 150

City State Zip Code  
Chicago IL 60661-2394

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00667

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Md. James Childers

Mailing Address 3901 Se Saint Lucie Blvd.

City State Zip Code  
Stuart FL 34997-6184

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 470.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00668

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Hoyt A Childs

Mailing Address 6611 Lizzie Lane

City State Zip Code  
Owens Cross Roads AL 35763-9358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00669

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Connie L. Chin

Mailing Address 19352 Trino Circle

City State Zip Code  
Yorba Linda CA 92886-5537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00670

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vincent R. Chiodo

Mailing Address 1415 County Road 4857

City State Zip Code  
Dilley TX 78017-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00671

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vincent R. Chiodo

Mailing Address 1415 County Road 4857

City State Zip Code  
Dilley TX 78017-4509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00672

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **730.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Do Choe

Mailing Address 6103 Aberdeen Avenue

City State Zip Code  
Dallas TX 75230-5003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00673

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Margaret M. Christ

Mailing Address 2520 Witters Street

City State Zip Code  
Saginaw MI 48602-3863

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00674

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. Keith Christensen

Mailing Address 2345 Newfound Harbor Drive

City State Zip Code  
Merritt Island FL 32952-2840

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00675

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1340.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. R. Keith Christensen

Mailing Address 2345 Newfound Harbor Drive

City State Zip Code  
Merritt Island FL 32952-2840

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00676

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David C. Christian, II

Mailing Address 3740 N. Lake Shore Drive  
Apartment 2A

City State Zip Code  
Chicago IL 60613-4201

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00677

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald G. Christian

Mailing Address 3443 Mandeville Canyon Road

City State Zip Code  
Los Angeles CA 90049-1019

FEC ID number of contributing federal political committee. **C**

Name of Employer Rivers & Christian Occupation Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00678

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank R. Christian

Mailing Address 411 Ashland Avenue  
Apartment 6D

City River Forest State IL Zip Code 60305-1855

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00679

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Langdon Taylor Christian, IV

Mailing Address 13 Partridge Hill Road

City Richmond State VA Zip Code 23238-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00680

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Langdon Taylor Christian, IV

Mailing Address 13 Partridge Hill Road

City Richmond State VA Zip Code 23238-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00681

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 234 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. John Christiansen  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 1312 Bighorn Road   | <b>Transaction ID:</b> 2009M04L11ai00682            |
|           | City State Zip Code<br>Helena MT 59602-7611   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Us Government Occupation Ret.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth K. Christie   | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 2019 North Kenmore Avenue  | <b>Transaction ID:</b> 2009M04L11ai00683            |
|           | City State Zip Code<br>Chicago IL 60614-4107   | Amount of Each Receipt this Period<br>30400.00      |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>30400.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Brian S. Christine   | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 506 Dexter Ave.   | <b>Transaction ID:</b> 2009M04L11ai00684            |
|           | City State Zip Code<br>Mountain Brook AL 35213  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Urology Centers Of Alabama Occupation Physician<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>300.00 |   |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>30750.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wilkin Chu

Mailing Address 41-47 150th Street

City State Zip Code  
Flushing NY 11355-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wilkin Chu & Associates Insurance Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00685

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Burton Chubeck

Mailing Address 6230 Buckingham Street

City State Zip Code  
Sarasota FL 34238-2757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00686

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James B. Church

Mailing Address 3620 Sw 309Th Street

City State Zip Code  
Federal Way WA 98023-2196

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00687

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James B. Church

Mailing Address 3620 Sw 309Th Street

City State Zip Code  
Federal Way WA 98023-2196

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00688

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Howard Cicon

Mailing Address 168 Bradley Blvd.

City State Zip Code  
Richland WA 99352-4386

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00689

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Phyllis J. Ciez

Mailing Address 11524 119Th Avenue

City State Zip Code  
Cedar Lake IN 46303-9769

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00690

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Edgar Cintron

Mailing Address 1360 Covelanding Drive

City State Zip Code  
Atlantic Beach FL 32233-6385

FEC ID number of contributing federal political committee. **C**

Name of Employer Surface Tech. Corp. Occupation Floor Mech.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00691

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Deborah Cirabisi

Mailing Address 4 Peconic Court

City State Zip Code  
Commack NY 11725-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00692

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald King Cirillo

Mailing Address 2 Long Woods Lane

City State Zip Code  
East Hampton NY 11937-1259

FEC ID number of contributing federal political committee. **C**

Name of Employer Solomon, Smith & Barney, Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00693

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gary J. Clancey

Mailing Address 3351 Green Cliffs Road

City Anacortes State WA Zip Code 98221-8250

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai00694

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles D. Clark

Mailing Address 3885 Lander Road Unit 5

City Chagrin Falls State OH Zip Code 44022-3702

FEC ID number of contributing federal political committee. **C**

Name of Employer The University of Akron Occupation Administrator/Lobbyist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai00695

Amount of Each Receipt this Period 220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Clark

Mailing Address 350 Seaspray Avenue

City Palm Beach State FL Zip Code 33480-0042

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai00696

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 970.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Clark

Mailing Address 136 Woodland Ranch Road

City State Zip Code  
Boerne TX 78015-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai00697

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mayree C. Clark

Mailing Address 14 E. 93Rd Street  
#Morgan

City State Zip Code  
New York NY 10128-0610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai00698

Amount of Each Receipt this Period  
275.00

**C.**

Full Name (Last, First, Middle Initial)  
Nancy & Buck Clark

Mailing Address 570 Glenwood Road

City State Zip Code  
Pasco WA 99301-8661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00699

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 240 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Nancy & Buck Clark |                                     | Date of Receipt   |
|   | Mailing Address 570 Glenwood Road                             |                                     | <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Pasco   | WA                                  | 99301-8661  |
|   | FEC ID number of contributing federal political committee.    |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired               | Transaction ID: 2009M04L11ai00700   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            |   |
|   |   | <input type="text" value="550.00"/> |   |
|   |   | Amount of Each Receipt this Period  | <input type="text" value="100.00"/>   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Nancy & Buck Clark |                                     | Date of Receipt   |
|   | Mailing Address 570 Glenwood Road                             |                                     | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Pasco   | WA                                  | 99301-8661  |
|   | FEC ID number of contributing federal political committee.    |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired               | Transaction ID: 2009M04L11ai00701   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            |   |
|   |   | <input type="text" value="550.00"/> |   |
|   |   | Amount of Each Receipt this Period  | <input type="text" value="100.00"/>   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard L. Clark |                                     | Date of Receipt   |
|   | Mailing Address 575 Holland Dive                                |                                     | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Fortson   | GA                                  | 31808-3707  |
|   | FEC ID number of contributing federal political committee.      |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired               | Transaction ID: 2009M04L11ai00702   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            |   |
|   |   | <input type="text" value="250.00"/> |   |
|   |   | Amount of Each Receipt this Period  | <input type="text" value="250.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="450.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas J. Clark

Mailing Address 4510 Pine Mountain Road

City Birmingham State AL Zip Code 35213-1828

FEC ID number of contributing federal political committee. **C**

Name of Employer Kellogg Brown Root Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai00703

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William M. Clark

Mailing Address 554 Scattergood Court

City Morrisville State PA Zip Code 19067-1851

FEC ID number of contributing federal political committee. **C**

Name of Employer Evonik-Degossá Corporation Occupation E.S.H.Q. Compliance Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai00704

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edwin V. Clarke, Jr.

Mailing Address 629 Academy Ave

City Sewickley State PA Zip Code 15143-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai00705

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 242 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Richard E. Clarke   | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|           | Mailing Address 14923 S.E. 364Th Street  | <b>Transaction ID:</b> 2009M04L11ai00706            |
|           | City Auburn State WA Zip Code 98092-9404   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Clarkson   | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|           | Mailing Address 26233 187Th Place S.E.   | <b>Transaction ID:</b> 2009M04L11ai00707            |
|           | City Covington State WA Zip Code 98042-8440  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Norman O. Clary   | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|           | Mailing Address 4417 Laurel Road   | <b>Transaction ID:</b> 2009M04L11ai00708            |
|           | City Alexandria State VA Zip Code 22309-2522   | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. David H. Classon

Mailing Address P.O. Box 298

City State Zip Code  
Newport VT 05855-0298

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00709

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Gerald Cleary

Mailing Address 79517 Liga

City State Zip Code  
La Quinta CA 92253-4841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai00710

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Joseph A. Cleary

Mailing Address 4621 Windsor Ridge Drive

City State Zip Code  
Irving TX 75038-6313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00711

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

520.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 244 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William T. Cleary, Jr. |                                     | Date of Receipt   |
|   | Mailing Address 561 Asharoken Avenue                                  |                                     | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Northport   | NY                                  | 11768-1121  |
|   | FEC ID number of contributing federal political committee.            |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>USI Consulting Group  |   | Occupation<br>Actuary               | <b>Transaction ID:</b> 2009M04L11ai00712  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="220.00"/> | <input type="text" value="220.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John A. Clees |                                     | Date of Receipt   |
|   | Mailing Address 4342 Sunset Beach Drive N.W.                 |                                     | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Olympia  | WA                                  | 98502-1570  |
|   | FEC ID number of contributing federal political committee.   |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>R.S.M. Mc Gloder  |  | Occupation<br>C.P.A.                | <b>Transaction ID:</b> 2009M04L11ai00713  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="250.00"/> | <input type="text" value="250.00"/>   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Walter Clemens |                                     | Date of Receipt   |
|   | Mailing Address 3490 Blackhawk Road                           |                                     | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Lafayette   | CA                                  | 94549-2347  |
|   | FEC ID number of contributing federal political committee.    |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired               | <b>Transaction ID:</b> 2009M04L11ai00714  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="250.00"/> | <input type="text" value="250.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="720.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. William P. Clements, Jr.

Mailing Address 1901 N. Akard Street  
Cumberland Hill

City State Zip Code  
Dallas TX 75201-2305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00715

Amount of Each Receipt this Period  
1000.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Edsel L. Cleveland

Mailing Address 11905 Hutcheson Ferry Road

City State Zip Code  
Palmetto GA 30268-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nationwide Trucking

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 349.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00716

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Julia Cline-Sellers

Mailing Address 5 Woodhill Circle

City State Zip Code  
Columbia SC 29209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Attorney

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00717

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1750.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Peter Cloeren

Mailing Address 6325 Bent Water Dr

City State Zip Code  
Orange TX 77632

FEC ID number of contributing federal political committee. **C**

Name of Employer Cloeren Incorporated Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00718

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Dale E. Cloyd

Mailing Address 310 S. Fayette Street

City State Zip Code  
Alexandria VA 22314-5903

FEC ID number of contributing federal political committee. **C**

Name of Employer Walter Reed Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00719

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Alan J. Cobb

Mailing Address 3121 Adrian Place

City State Zip Code  
Falls Church VA 22044-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Department Of Energy Occupation Senior Policy Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00720

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **930.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. W. R. Cobb

Mailing Address 336 E. Coconut Palm Road

City State Zip Code  
Boca Raton FL 33432-7916

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00721

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Irwin Coco

Mailing Address 225 Deer Crossing Way

City State Zip Code  
Henderson NV 89012-2289

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai00722

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James R. Coffee

Mailing Address 5724 Hagen Court

City State Zip Code  
Dallas TX 75252-4971

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00723

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1470.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steve Coffield

Mailing Address 911 Reverdy Lane

City State Zip Code  
Matthews NC 28105-6804

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00724

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra Coffman

Mailing Address P.O. Box 10625

City State Zip Code  
Fort Smith AR 72917-0625

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00725

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra Coffman

Mailing Address P.O. Box 10625

City State Zip Code  
Fort Smith AR 72917-0625

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00726

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David B. Cogdill

Mailing Address 221 Scurry Pass

City State Zip Code  
Georgetown TX 78633-4929

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00727

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Col. David R. Coggins

Mailing Address 20550 Huebner Road  
Unit 132

City State Zip Code  
San Antonio TX 78258-3980

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00728

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debra Cohen

Mailing Address 1610 W. Coast Highway

City State Zip Code  
Newport Beach CA 92663-5029

FEC ID number of contributing federal political committee. **C**

Name of Employer The Newport Beach Veterinary H Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00729

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 250 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark L. Cohen

Mailing Address 125 Chestnut Street

City State Zip Code  
Concord MA 01742-2646

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O P R S INC Executive

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00730

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Mary Cohen

Mailing Address 1350 E Flamingo Road  
Suite 562

City State Zip Code  
Las Vegas NV 89119-5271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Designer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00731

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Michael L. Cohen

Mailing Address 510 Blair Avenue

City State Zip Code  
Piedmont CA 94611-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Resp Med Group,inc Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai00732

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Kathryn S. Colachis

Mailing Address 1001 Genter Street  
Ph 9

City State Zip Code  
La Jolla CA 92037-5539

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00733

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. F. Hammond Cole, Jr.

Mailing Address 6195 Boskey Drive

City State Zip Code  
Millington TN 38053-6901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ann Renners Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00734

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald M. Cole

Mailing Address 680 N. Lake Shore Drive  
Unit 824

City State Zip Code  
Chicago IL 60611-8702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00735

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sally S. Cole

Mailing Address P.O. Box 6190

City State Zip Code  
Carefree AZ 85377-6190

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00736

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sally S. Cole

Mailing Address P.O. Box 6190

City State Zip Code  
Carefree AZ 85377-6190

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00737

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Coleman

Mailing Address 6803 Fallbrook Court

City State Zip Code  
Colleyville TX 76034-6571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00738

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 253 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas R. Coleman, Jr.

Mailing Address 140 S. Brown Road

City State Zip Code  
**Long Lake MN 55356-9134**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 23 / 2009**

**Transaction ID: 2009M04L11ai00739**

Amount of Each Receipt this Period **500.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dennis J. Colgan, Jr.

Mailing Address 12 Cove Road

City State Zip Code  
**Moorestown NJ 08057-3950**

FEC ID number of contributing federal political committee. **C**

Name of Employer Barthco Intl. Inc. Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 26 / 2009**

**Transaction ID: 2009M04L11ai00740**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael E. Colgrove

Mailing Address P.O. Box 2183

City State Zip Code  
**Homer AK 99603-2183**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **03 / 05 / 2009**

**Transaction ID: 2009M04L11ai00741**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **850.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 254 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael E. Colgrove |                                     | Date of Receipt   |
|   | Mailing Address P.O. Box 2183                                      |                                     | <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Homer  | AK                                  | 99603-2183  |
|   | FEC ID number of contributing federal political committee.         |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired               | <b>Transaction ID:</b> 2009M04L11ai00742  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="320.00"/> | <input type="text" value="110.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael E. Colgrove |                                     | Date of Receipt   |
|   | Mailing Address P.O. Box 2183                                      |                                     | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Homer  | AK                                  | 99603-2183  |
|   | FEC ID number of contributing federal political committee.         |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired               | <b>Transaction ID:</b> 2009M04L11ai00743  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="320.00"/> | <input type="text" value="10.00"/>  |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Malcolm E. Collier, Jr. |                                     | Date of Receipt   |
|   | Mailing Address 3045 Gardenia Street                                   |                                     | <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Golden   | CO                                  | 80401-6205  |
|   | FEC ID number of contributing federal political committee.             |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired               | <b>Transaction ID:</b> 2009M04L11ai00744  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="500.00"/> | <input type="text" value="500.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="620.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James E. Collings

Mailing Address 410 38Th Street

City State Zip Code  
Newport Beach CA 92663-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00745

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
James Collins

Mailing Address 6606 Tenth St. A-1

City State Zip Code  
Alexandria VA 22307-6606

FEC ID number of contributing federal political committee. **C**

Name of Employer Self      Occupation Attorney

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00746

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Collins

Mailing Address 2199 S. Sailors Way

City State Zip Code  
Gilbert AZ 85295-5453

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai00747

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 256 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Collins

Mailing Address Fort L.J. Mc Nair  
National War College

City Washington State DC Zip Code 20319-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer Department Of Defense Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai00748

Amount of Each Receipt this Period: 220.00

**B.** Full Name (Last, First, Middle Initial)  
Price Collins

Mailing Address 2509 Cove Hollow Ct.

City Rowlett State TX Zip Code 75088

FEC ID number of contributing federal political committee. **C**

Name of Employer Wilson, Elser Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00749

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronnie E. Collins

Mailing Address 1411 Gentle Way

City Prosper State TX Zip Code 75078-9523

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai00750

Amount of Each Receipt this Period: 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **690.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 257 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Virginia Collins |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 940 Tournament Drive                             |                                    | <b>Transaction ID:</b> 2009M04L11ai00751            |  |  |
|   | City Hillsborough  | State CA                           | Zip Code 94010-7428                                 | Amount of Each Receipt this Period<br>200.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    |   |  |  |
|   | Name of Employer Retired   | Occupation Retired                 |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>400.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Wanda J. Collins |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |   |  |
|   | Mailing Address 104 Old Brook Court                             |                                     | <b>Transaction ID:</b> 2009M04L11ai00752            |   |  |
|   | City Norman   | State OK                            | Zip Code 73072-4555                                 | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer Retired  | Occupation Retired                  |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. David Colville |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |  |  |
|   | Mailing Address 1275 County Road 17                                  |                                    | <b>Transaction ID:</b> 2009M04L11ai00753            |  |  |
|   | City Del Norte   | State CO                           | Zip Code 81132-9759                                 | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    |   |  |  |
|   | Name of Employer Requested   | Occupation Requested               |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nelson Colvin

Mailing Address 8754 Jumilla Avenue

City State Zip Code  
**Northridge CA 91324-3322**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Golden Oak Coop Corporati- President  
 on

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00754**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Combs

Mailing Address 30 W. Glenchester Drive

City State Zip Code  
**Long Beach CA 90805-6926**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 The Terms Company Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai00755**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Compton

Mailing Address P.O. Box 1084

City State Zip Code  
**Addison TX 75001-1084**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Mission Foods Procurement Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 05 / 2009**

**Transaction ID: 2009M04L11ai00756**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William P. Conboy

Mailing Address 3 Andrea Way

City State Zip Code  
Califon NJ 07830-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00757

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Condon

Mailing Address P.O. Box 1187

City State Zip Code  
Oakley CA 94561-1187

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Uss/Posco Mechanic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00758

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Conlin, Jr.

Mailing Address 1531 Winslow Dr.

City State Zip Code  
Hudson OH 44236-4604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00759

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 840.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Connealy

Mailing Address 2108 W. 114Th Street

City Leawood State KS Zip Code 66211-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer Waddell & Reid Financial Inc. Occupation C.F.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai00760

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Conner

Mailing Address 4601 S Balsam Way Apt 313

City Littleton State CO Zip Code 80123-5440

FEC ID number of contributing federal political committee. **C**

Name of Employer Jeppesen Occupation Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai00761

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael G. Connolly

Mailing Address 75 Fernwood Road

City Larchmont State NY Zip Code 10538-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer H.S.B.C. Bank U.S.A. Occupation Precious Metals Trader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai00762

Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Randal G. Conrads

Mailing Address 14201 S.E. Petrovitsky Road  
#A3-382

City Renton State WA Zip Code 98058-8986

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00763

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin Conroy

Mailing Address 19915 N 102nd PI

City Scottsdale State AZ Zip Code 85255

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Business Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00764

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Cheryl Cook

Mailing Address 106 Nolan Circle

City Marietta State OH Zip Code 45750-1237

FEC ID number of contributing federal political committee. **C**

Name of Employer Marietta City Schools, Marietta Ohio Occupation Elementary Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00765

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jon S. & Janet Cook

Mailing Address 555 5Th Avenue N.E.  
Unit 524

City State Zip Code  
St. Petersburg FL 33701-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00766

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Cook

Mailing Address 8299 Garden View Road N.

City State Zip Code  
Nisswa MN 56468-2423

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai00767

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Liliane F. Cooke

Mailing Address 829 71St Street  
Apartment 2

City State Zip Code  
Brooklyn NY 11228-1016

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 775.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00768

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 460.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael R. Cooke

Mailing Address 407 Queensway Road

City Richmond State VA Zip Code 23236-3152

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cooke's Delivery Service Occupation: Delivery Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai00769  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael R. Cooke

Mailing Address 407 Queensway Road

City Richmond State VA Zip Code 23236-3152

FEC ID number of contributing federal political committee. **C**

Name of Employer: Cooke's Delivery Service Occupation: Delivery Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai00770  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Retha Cooke

Mailing Address 600 Angela Lane

City Greenville State TX Zip Code 75402-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00771  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter F. Cooley, III

Mailing Address 2015 Wilderness Point Drive

City State Zip Code  
Kingwood TX 77339-2238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Harris Montgomery Director Of Risk Management  
Commun. Cllege.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai00772

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Cooney

Mailing Address 3323 N. Bunchberry Way

City State Zip Code  
Boise ID 83704-0717

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00773

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allen W Cooper

Mailing Address 3512 S. 15th Street

City State Zip Code  
Arlington VA 22204-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Xerox Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00774

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 420.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Allen W Cooper

Mailing Address 3512 S. 15th Street

City State Zip Code  
Arlington VA 22204-5011

FEC ID number of contributing federal political committee. **C**

Name of Employer Xerox Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00775

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Cooper

Mailing Address 143 Barksdale Lane

City State Zip Code  
Mooreville NC 28117-6613

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** 2009M04L11ai00776

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Cleve R. Cooper

Mailing Address 2620 E. Hiawatha Drive

City State Zip Code  
Wasilla AK 99654-2853

FEC ID number of contributing federal political committee. **C**

Name of Employer State Of Aaska Dot/Pf Occupation Lab Technician ( Retired )

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00777

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ted & Wilma Cooper

Mailing Address 2069 County Road 240

City Durango State CO Zip Code 81301-7951

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai00778  
Amount of Each Receipt this Period: 220.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Faith Copeland

Mailing Address 7501 Anaqua Drive

City Austin State TX Zip Code 78750-7913

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai00779  
Amount of Each Receipt this Period: 99.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allan W. Corcoran

Mailing Address 9414 Parkwood Court

City Fort Myers State FL Zip Code 33908-2857

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai00780  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 369.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Allan W. Corcoran

Mailing Address 9414 Parkwood Court

City State Zip Code  
Fort Myers FL 33908-2857

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai00781

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Carl D. Corley

Mailing Address 2905 N. 32Nd Street

City State Zip Code  
Fort Smith AR 72904-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carco Rentals Inc. C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00782

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
Apartment 302

City State Zip Code  
Iowa City IA 52245-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00783

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
Apartment 302

City Iowa City State IA Zip Code 52245-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00784

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Rosalie M. Cornell

Mailing Address 1010 Scott Park Drive  
Apartment 302

City Iowa City State IA Zip Code 52245-3979

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00785

Amount of Each Receipt this Period  
65.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Lila L. Correa

Mailing Address 5810 Cross Creek Circle

City Tyler State TX Zip Code 75703-0506

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00786

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **265.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Pat Corrigan

Mailing Address 3645 90Th Avenue

City State Zip Code  
Vero Beach FL 32966-6661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00787

Amount of Each Receipt this Period  
180.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Helen L. Corsentino

Mailing Address 1211 S. Prairie Avenue  
Unit 2001

City State Zip Code  
Chicago IL 60605-2828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00788

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Helen L. Corsentino

Mailing Address 1211 S. Prairie Avenue  
Unit 2001

City State Zip Code  
Chicago IL 60605-2828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00789

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Helen L. Corsentino |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 1211 S. Prairie Avenue<br>Unit 2001                 |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 5 |  | 2 | 0 | 0 | 9 |
|   | M   | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3                                  |   | 2 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City Chicago State IL Zip Code 60605-2828                           |                                    | <b>Transaction ID:</b> 2009M04L11ai00790  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Homemaker Occupation Homemaker<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 225.00 |   | 100.00                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |  |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Mrs. Joanne Corsiglia |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address P.O. Box 869                                     |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 3 |  | 2 | 0 | 0 | 9 |
|  | M  | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 0  | 3                                  |   | 2 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City Osterville State MA Zip Code 02655-0869                     |                                    | <b>Transaction ID:</b> 2009M04L11ai00791  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 1100.00 |  | 1100.00                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Sarah Corum |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 1123 N Comstock St                     |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
|   | M  | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3                                  |   | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City Visalia State CA Zip Code 93292-4403              |                                    | <b>Transaction ID:</b> 2009M04L11ai00792  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Ret. Occupation Ret.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 250.00 |  | 250.00                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John G. Corwin

Mailing Address 4449 Meandering Way

City State Zip Code  
Tallahassee FL 32308-5747

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00793

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J Cosgrove

Mailing Address 8 Mill Pond Lane

City State Zip Code  
New Rochelle NY 10805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ge Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00794

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George A. Costan

Mailing Address 501 V. East Road  
Apt. B306

City State Zip Code  
Lynchburg VA 24503-4368

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00795

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Anthony P. Costella

Mailing Address 810 N.C. Highway 343 N.

City State Zip Code  
Camden NC 27921-8315

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00796

Amount of Each Receipt this Period  
105.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph V. Costello

Mailing Address 1880 Lombard Street

City State Zip Code  
San Francisco CA 94123-2910

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00797

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. D. Eileen Cotnam

Mailing Address 1671 N.W. Vale Court

City State Zip Code  
Roseburg OR 97471-1788

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00798

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 273 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Brenda Cotter

Mailing Address P.O. Box 459

City State Zip Code  
 Stockdale TX 78160-0459

FEC ID number of contributing federal political committee. **C**

Name of Employer Cotter Resources, Inc. Occupation CEO, President, Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00799

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Mark D. Cotterell

Mailing Address 2214 E. Oak Avenue

City State Zip Code  
 Hainesport NJ 08036-3520

FEC ID number of contributing federal political committee. **C**

Name of Employer Integrated Laminate Systems Occupation C.N.C. Operator Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00800

Amount of Each Receipt this Period 155.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. James V. Cottrell

Mailing Address 3405 N.E. Royal Oaks Drive

City State Zip Code  
 Vancouver WA 98662-5421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
 03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00801

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **505.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Charlotte Couillard

Mailing Address 33228 Road 132

City State Zip Code  
Visalia CA 93292-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00802

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Harold B. Coulter

Mailing Address 1117 Wedgewood Court

City State Zip Code  
Decatur IL 62526-9795

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Swartz Properties Real Estate Property Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00803

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Thomas Courduff

Mailing Address 2410 Camp Rock Hill Road

City State Zip Code  
Quakertown PA 18951-2200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Warwick Township Water & Sewer Authority Executive Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00804

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. L. Kirk Courson

Mailing Address P.O. Box 809

City State Zip Code  
Perryton TX 79070-0809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai00805

Amount of Each Receipt this Period  
1500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Q. P. Courtney, III

Mailing Address P.O. Box 10004

City State Zip Code  
Midland TX 79702-7004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
H.L. Brown Operating L.L.-C. Interior Designer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai00806

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Sam A. Covelli

Mailing Address 3900 E. Market Street

City State Zip Code  
Warren OH 44484-4708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00807

Amount of Each Receipt this Period  
550.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret P. Cowden

Mailing Address 1 Churchill Way

City Midland State TX Zip Code 79705-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai00808  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. M. Coyle

Mailing Address 401 E. State Street

City Rockford State IL Zip Code 61104-1027

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai00809  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Coyne, Jr.

Mailing Address 10 Bergen Avenue

City Voorhees State NJ Zip Code 08043-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00810  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Lometa J. Cragg

Mailing Address P.O. Box 458

City State Zip Code  
Marfa TX 79843-0458

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Faith Alive Cowboy Church Pastor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00811

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James F. Cramer

Mailing Address 656 N. Mac Donald

City State Zip Code  
Mesa AZ 85201-5020

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00812

Amount of Each Receipt this Period  
135.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Nancy M. Crandall

Mailing Address 41688 Via Aregio

City State Zip Code  
Palm Desert CA 92260-1745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00813

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

535.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Guy R. Crane   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
| Mailing Address 77 E. Walton Street<br>Suite 26C  |                                    | <b>Transaction ID:</b> 2009M04L11ai00814            |
| City Chicago  | State IL                           | Zip Code 60611-2299                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>750.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Miss Susan F. Crary  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
| Mailing Address 1015 Fox Hill Road  |                                     | <b>Transaction ID:</b> 2009M04L11ai00815            |
| City State College  | State PA                            | Zip Code 16803-1822                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>325.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4625.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Miss Susan F. Crary  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |
| Mailing Address 1015 Fox Hill Road  |                                     | <b>Transaction ID:</b> 2009M04L11ai00816            |
| City State College  | State PA                            | Zip Code 16803-1822                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>300.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>4625.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>875.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4625.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00817

Amount of Each Receipt this Period  
325.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4625.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00818

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4625.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00819

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 925.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00820

Amount of Each Receipt this Period  
325.00

B.

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00821

Amount of Each Receipt this Period  
300.00

C.

Full Name (Last, First, Middle Initial)

Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00822

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

950.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4625.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00823

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Susan F. Crary

Mailing Address 1015 Fox Hill Road

City State Zip Code  
State College PA 16803-1822

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4625.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00824

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Dean Crater

Mailing Address 1970 S. Tumbleweed Lane

City State Zip Code  
Chandler AZ 85286-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00825

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 282 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gerald Dean Crater   |                             | Date of Receipt   |
|   | Mailing Address 1970 S. Tumbleweed Lane                             |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Chandler  | AZ                          | 85286-7018  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00826  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 257.00 | <input type="text"/> 75.00  |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Theodore Crausway    |                             | Date of Receipt   |
|   | Mailing Address 4000 Cathedral Avenue N.W.                          |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Washington  | DC                          | 20016-5207  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00827  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 400.00 | <input type="text"/> 200.00   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Mary Kay Craven     |                             | Date of Receipt   |
|   | Mailing Address 4 Fremontia Street                                  |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Portola Valley  | CA                          | 94028-8032  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai00828  |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 500.00 | <input type="text"/> 500.00   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 775.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. William L. Cravens

Mailing Address 1 Treetops Lane  
Apartment 402

City State Zip Code  
Little Rock AR 72202-1515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00829

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
Mr. James H. Crawford

Mailing Address 527 Childers Lane

City State Zip Code  
Ringgold GA 30736-4010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00830

Amount of Each Receipt this Period  
50.00

C.

Full Name (Last, First, Middle Initial)  
Mr. James H. Crawford

Mailing Address 527 Childers Lane

City State Zip Code  
Ringgold GA 30736-4010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
280.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00831

Amount of Each Receipt this Period  
115.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

665.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Crawford

Mailing Address 1928 San Fernando Drive

City State Zip Code  
**Las Cruces NM 88011-4163**

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai00832

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John W. Crawford

Mailing Address 709 County Road 445

City State Zip Code  
**Enterprise AL 36330-9713**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00833

Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John W. Crawford

Mailing Address 709 County Road 445

City State Zip Code  
**Enterprise AL 36330-9713**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00834

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 260.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John & Norma Crawford

Mailing Address 20128 Chateau Drive

City State Zip Code  
**Saratoga CA 95070-4310**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Intel Corp. Computer Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 02 / 2009**

**Transaction ID: 2009M04L11ai00835**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marjorie C. Crawford

Mailing Address 1103 Fleet Landing Blvd.

City State Zip Code  
**Atlantic Beach FL 32233-4589**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 13 / 2009**

**Transaction ID: 2009M04L11ai00836**

Amount of Each Receipt this Period  
**220.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Crawford

Mailing Address 3313 Eden Park Drive

City State Zip Code  
**Carmel IN 46033-3038**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 13 / 2009**

**Transaction ID: 2009M04L11ai00837**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **970.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John Cremin

Mailing Address P.O. Box 529

City Ingram State TX Zip Code 78025-0529

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00838  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Crews

Mailing Address 419 Kansas Avenue

City Enid State OK Zip Code 73701-6634

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai00839  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Royal D. Crider

Mailing Address 134 Arsenault Crossing

City Kingston State TN Zip Code 37763-4236

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00840  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 287 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Dennis Crispino

Mailing Address 658 Wolcott Road

City Bristol State CT Zip Code 06010-7161

FEC ID number of contributing federal political committee. **C**

Name of Employer Superior, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00841

Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
 Mrs. Kimberly P Croce

Mailing Address 1716 Wisteria Way

City Roanoke State TX Zip Code 76262-9082

FEC ID number of contributing federal political committee. **C**

Name of Employer Housewife Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00842

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Jack Crocker

Mailing Address 17480 Holy Names Dr.

City Lake Oswego State OR Zip Code 97034-5149

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00843

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David S. Crockett

Mailing Address 31088 Big Bear Drive

City State Zip Code  
Evergreen CO 80439-9679

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00844

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Crockett

Mailing Address 31088 Big Bear Drive

City State Zip Code  
Evergreen CO 80439-9679

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00845

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Cromer

Mailing Address 2230 S. Patterson Blvd.

City State Zip Code  
Dayton OH 45409-1954

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00846

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 289 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                     |   |  |  |
|---|--|-------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Earlane B. Croom |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|   | Mailing Address 1421 Winrock Blvd.                               |                                     | <b>Transaction ID:</b> 2009M04L11ai00847            |  |  |
|   | City<br>Houston  | State<br>TX                         | Zip Code<br>77057-1729                              | Amount of Each Receipt this Period<br>200.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                     |   |  |  |
|   | Name of Employer<br>Homemaker                                    | Occupation<br>Homemaker             |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1200.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Linda Cross     |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |  |  |
|   | Mailing Address 1705 E. 21St Street                             |                                    | <b>Transaction ID:</b> 2009M04L11ai00848            |  |  |
|   | City<br>Clovis  | State<br>NM                        | Zip Code<br>88101-3994                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Women's Medical Center                      | Occupation<br>Nurse                |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Virginia M. Crossland |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |  |  |
|   | Mailing Address 3131 Kelley Drive                                    |                                    | <b>Transaction ID:</b> 2009M04L11ai00849            |  |  |
|   | City<br>Joplin   | State<br>MO                        | Zip Code<br>64804-1424                              | Amount of Each Receipt this Period<br>125.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    |   |  |  |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>325.00 |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>575.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert S. Crouch, Jr.

Mailing Address 11607 Highway 585

City State Zip Code  
Oak Grove LA 71263-8249

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai00850

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Cruce

Mailing Address 947 Rays Road

City State Zip Code  
Stone Mountain GA 30083-1763

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00851

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald Horace Crumpton

Mailing Address 232 County Road 221

City State Zip Code  
Moulton AL 35650-6490

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai00852

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

720.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Ernesto Cruz

Mailing Address 251 Crandon Blvd.  
Apartment 307

City State Zip Code  
Key Biscayne FL 33149-1507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B.A.C. Florida Bank Director/International Lawyers

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai00853

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Diane Crystal

Mailing Address P.O. Box 3

City State Zip Code  
Waccabuc NY 10597-0003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00854

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Jo Lynne Cszasz

Mailing Address 373 Allanhurst Avenue

City State Zip Code  
Vandalia OH 45377-1720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Smith's Aerospace Director Of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00855

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Leslie Cubelic

Mailing Address 205 Fernly Park Drive

City State Zip Code  
Alpharetta GA 30022-6365

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai00856

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Peter C. Cullen

Mailing Address 10421 Woodbridge Street

City State Zip Code  
Toluca Lake CA 91602-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai00857

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Peter C. Cullen

Mailing Address 10421 Woodbridge Street

City State Zip Code  
Toluca Lake CA 91602-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai00858

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edgar L. Culpepper

Mailing Address 206 Adams Street

City Dumas State AR Zip Code 71639-2303

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai00859  
Amount of Each Receipt this Period: 80.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Capp A Culver

Mailing Address P.O. Box 608

City Canadian State TX Zip Code 79014-0608

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai00860  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Miss P. Anne Cundle

Mailing Address 13656 Tenacity Lane

City Tallahassee State FL Zip Code 32312-9536

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai00861  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Cunningham  
Mailing Address 15 Tranquility Rd.  
City Moneta State VA Zip Code 24121-5373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00862  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rachel L. Cunningham  
Mailing Address P.O. Box 713  
City Brielle State NJ Zip Code 08730-0713  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai00863  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven H. Cunningham  
Mailing Address 15 Tranquility Road  
City Moneta State VA Zip Code 24121-5373  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00864  
Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Rickey Curley

Mailing Address 16 Green Farm Lane

City State Zip Code  
Stockton NJ 08559-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Farmer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai00865

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John F. Curry

Mailing Address 617 Mimosa Drive

City State Zip Code  
Denton TX 76201-0858

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00866

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John D. Curtiss

Mailing Address 2005 Tenderfoot Drive

City State Zip Code  
Larkspur CO 80118-8722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Double Cross Ranch Entertainment President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai00867

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

5650.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 296 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Andre E Cushing Iii   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|   | Mailing Address P.O. Box 687   | <b>Transaction ID:</b> 2009M04L11ai00868            |
|   | City State Zip Code<br>Hampden ME 04444                              | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C      |   |
|   | Name of Employer Self-Employed<br>Occupation<br>Realtor-Home Builder |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. David F Cutler                   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 5008 Blue Water Lane  | <b>Transaction ID:</b> 2009M04L11ai00869            |
|   | City State Zip Code<br>Dickinson TX 77539-6504                                  | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                 |   |
|   | Name of Employer City Of Houston<br>Occupation<br>Director Of Houston Emergency |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00  |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. David Cuyler                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|   | Mailing Address 9000 Las Camas Road N.E.   | <b>Transaction ID:</b> 2009M04L11ai00870            |
|   | City State Zip Code<br>Albuquerque NM 87111-2428   | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C                          |   |
|   | Name of Employer Sandia National Labs<br>Occupation<br>Software Architect -Self-Employed |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernie Czarnecki

Mailing Address 12109 W. Lake Road

City East Springfield State PA Zip Code 16411-9105

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai00871  
Amount of Each Receipt this Period 305.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City Lombard State IL Zip Code 60148-3462

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00872  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jadwiga Czuba

Mailing Address 209 E. Madison Street

City Lombard State IL Zip Code 60148-3462

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai00873  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 405.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 298 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Jadwiga Czuba   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 209 E. Madison Street   | <b>Transaction ID:</b> 2009M04L11ai00874            |
|           | City State Zip Code<br>Lombard IL 60148-3462  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Homemaker<br>Occupation: Homemaker<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Jadwiga Czuba   | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 209 E. Madison Street   | <b>Transaction ID:</b> 2009M04L11ai00875            |
|           | City State Zip Code<br>Lombard IL 60148-3462  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Homemaker<br>Occupation: Homemaker<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Jadwiga Czuba   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 209 E. Madison Street   | <b>Transaction ID:</b> 2009M04L11ai00876            |
|           | City State Zip Code<br>Lombard IL 60148-3462  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer: Homemaker<br>Occupation: Homemaker<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 299 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City State Zip Code  
Newport RI 02840-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer United States Post Office Occupation Postal Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai00877

Amount of Each Receipt this Period 30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City State Zip Code  
Newport RI 02840-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer United States Post Office Occupation Postal Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai00878

Amount of Each Receipt this Period 40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City State Zip Code  
Newport RI 02840-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer United States Post Office Occupation Postal Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  M  M /  D  D /  Y  Y  Y  Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai00879

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vincent Charles D' Andrea

Mailing Address 2 Elliot Place

City State Zip Code  
Newport RI 02840-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United States Post Office Postal Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00880

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen T Dabney

Mailing Address 3719 Aberdeen Way

City State Zip Code  
Houston TX 77025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kpmg Llp Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00881

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred Dacimo

Mailing Address 5520 Narrow River Road  
Narrow River Marina

City State Zip Code  
Orient NY 11957-1412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai00882

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Carle E. Dahlstedt

Mailing Address 1143 Cenotaph Way

City State Zip Code  
Colorado Springs CO 80904-1704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai00883

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Harold Dail

Mailing Address 1016 N.C. Highway 11 S.

City State Zip Code  
Kinston NC 28504-9441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00884

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Glen Daley

Mailing Address P.O. Box 2500  
Mid State Correctional Facility

City State Zip Code  
Marcy NY 13403-2500

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 256.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai00885

Amount of Each Receipt this Period  
98.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

308.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 302 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Steven G. Damolaris |                                     | Date of Receipt   |
|   | Mailing Address 330 North 3Rd Avenue                               |                                     | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Villa Park   | IL                                  | 60181-1959  |
|   | FEC ID number of contributing federal political committee.         |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>City Of Elgin IL  |  | Occupation<br>GIS Planner           | <b>Transaction ID:</b> 2009M04L11ai00886  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="600.00"/> | <input type="text" value="100.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bobby G. Dane |                                     | Date of Receipt   |
|   | Mailing Address P.O. Box 731                                 |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Bowie  | TX                                  | 76230-0731  |
|   | FEC ID number of contributing federal political committee.   |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed         | <b>Transaction ID:</b> 2009M04L11ai00887  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="350.00"/> | <input type="text" value="250.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bobby G. Dane |                                     | Date of Receipt   |
|   | Mailing Address P.O. Box 731                                 |                                     | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Bowie  | TX                                  | 76230-0731  |
|   | FEC ID number of contributing federal political committee.   |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed         | <b>Transaction ID:</b> 2009M04L11ai00888  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="350.00"/> | <input type="text" value="100.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="450.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 303 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Stephen Page Daniel | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 827 Fox Hollow Pkwy.                               | <b>Transaction ID:</b> 2009M04L11ai00889            |
|   | City State Zip Code<br>Marietta GA 30068-2410                      | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C    |   |
|   | Name of Employer Occupation<br>G.D.S. Associates, Inc. Engineer    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                 |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Daniel F. Daniels | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|   | Mailing Address 4403 W. Cleveland Street                         | <b>Transaction ID:</b> 2009M04L11ai00890            |
|   | City State Zip Code<br>Tampa FL 33609-2616                       | Amount of Each Receipt this Period<br>150.00        |
|   | FEC ID number of contributing federal political committee.<br>C  |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                               |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Julie J. Daniels | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 2191 Kyle Road                                   | <b>Transaction ID:</b> 2009M04L11ai00891            |
|   | City State Zip Code<br>Bartlesville OK 74006-6336                | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C  |   |
|   | Name of Employer Occupation<br>Homemaker Homemaker               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                              |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gholi Darehshori

Mailing Address 2402 Palm Ridge Road

City State Zip Code  
Sanibel FL 33957-3222

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00892

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frederick R. Darling

Mailing Address 142 E. Robindale

City State Zip Code  
Las Vegas NV 89123-1117

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00893

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Dauenhauer

Mailing Address 2904 Everleigh Way

City State Zip Code  
Fairfax VA 22031-2054

FEC ID number of contributing federal political committee. **C**

Name of Employer Ewa Government Systems In-c. Occupation Resource and Policy Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00894

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald Davidson

Mailing Address 40 Las Brisas Way

City State Zip Code  
Naples FL 34108-8294

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00895

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John R. Davidson

Mailing Address 5780 S. Goldsmith Place

City State Zip Code  
Greenwood Village CO 80111-3522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
First American Bancorp Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00896

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Margaret B. Davidson

Mailing Address 611 N. Alpine Drive

City State Zip Code  
Beverly Hills CA 90210-3303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00897

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jean Davies

Mailing Address 64 Chestnut Street

City State Zip Code  
New Providence NJ 07974-2329

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Davies Agencies Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00898

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Antoinette Davis

Mailing Address 1004W W. A. Avenue

City State Zip Code  
North Little Rock AR 72116-9186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00899

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carter Davis

Mailing Address 114 Cobb Road

City State Zip Code  
Highlands NC 28741-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00900

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **720.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carter Davis

Mailing Address 114 Cobb Road

City Highlands State NC Zip Code 28741-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai00901  
Amount of Each Receipt this Period: 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. E. I. Davis

Mailing Address P.O. Drawer 428

City Greenwood State SC Zip Code 29648-0428

FEC ID number of contributing federal political committee. **C**

Name of Employer Davis & Floyd, Inc. Occupation Civil Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai00902  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine Davis

Mailing Address 966 Wintook Drive

City Ivins State UT Zip Code 84738-6438

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai00903  
Amount of Each Receipt this Period: 140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine Davis

Mailing Address 966 Wintook Drive

City State Zip Code  
Ivins UT 84738-6438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai00904

Amount of Each Receipt this Period  
140.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. H. Virgil Davis

Mailing Address 3901 Montecito Drive  
Apartment 616

City State Zip Code  
Denton TX 76210-5565

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00905

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John S. Davis

Mailing Address 1725 Roosevelt Avenue

City State Zip Code  
Altadena CA 91001-3618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Los Angeles Juvenile Court Healthcare Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00906

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **490.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Davis

Mailing Address 1173 Oval Dr.

City Athens State TX Zip Code 75751-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00907  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie L. Davis

Mailing Address 2061 Mc Kaig Road

City Troy State OH Zip Code 45373-9418

FEC ID number of contributing federal political committee. **C**

Name of Employer Troy Veterinary Clinic, Inc. Occupation Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 04 / 2009  
Transaction ID: 2009M04L11ai00908  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Monty L. Davis

Mailing Address 19827 Cypress Church Road

City Cypress State TX Zip Code 77433-1479

FEC ID number of contributing federal political committee. **C**

Name of Employer Core Lab Lp Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai00909  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

|                             |                    |                               |
|-----------------------------|--------------------|-------------------------------|
| City<br><b>Jacksonville</b> | State<br><b>FL</b> | Zip Code<br><b>32216-1105</b> |
|-----------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 02 / 2009        |

**Transaction ID:** 2009M04L11ai00910

Amount of Each Receipt this Period  
**35.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

|                             |                    |                               |
|-----------------------------|--------------------|-------------------------------|
| City<br><b>Jacksonville</b> | State<br><b>FL</b> | Zip Code<br><b>32216-1105</b> |
|-----------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 12 / 2009        |

**Transaction ID:** 2009M04L11ai00911

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard M. Davis

Mailing Address 3440 Compass Rose Drive E.

|                             |                    |                               |
|-----------------------------|--------------------|-------------------------------|
| City<br><b>Jacksonville</b> | State<br><b>FL</b> | Zip Code<br><b>32216-1105</b> |
|-----------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **235.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 20 / 2009        |

**Transaction ID:** 2009M04L11ai00912

Amount of Each Receipt this Period  
**50.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>135.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Carter Davis

Mailing Address 114 Cobb Road

City State Zip Code  
Highlands NC 28741-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aga, Lic Md

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai00913

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. S S Davis

Mailing Address 5320 Camino Montano NE

City State Zip Code  
Albuquerque NM 87111-5726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00914

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Davis

Mailing Address 1514 Kings Road

City State Zip Code  
Cantonment FL 32533-8953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Filter Distribution, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00915

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 312 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Thomas L Davis Iii   | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|   | Mailing Address 29531 Perdido Beach Blvd. #601                      | <b>Transaction ID:</b> 2009M04L11ai00916            |
|   | City State Zip Code<br>Orange Beach AL 36561                        | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Ret.<br>Occupation<br>Doctor   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul De Cleva        | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 350 N. Saint Paul Street Suite 1625                 | <b>Transaction ID:</b> 2009M04L11ai00917            |
|   | City State Zip Code<br>Dallas TX 75201-6852                         | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed<br>Occupation<br>Self-Employed   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2800.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul De Cleva        | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|   | Mailing Address 350 N. Saint Paul Street Suite 1625                 | <b>Transaction ID:</b> 2009M04L11ai00918            |
|   | City State Zip Code<br>Dallas TX 75201-6852                         | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed<br>Occupation<br>Self-Employed   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2800.00                                 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 313 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul De Cleva    |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |   |  |
|   | Mailing Address 350 N. Saint Paul Street<br>Suite 1625          |                                     | <b>Transaction ID:</b> 2009M04L11ai00919            |   |  |
|   | City<br>Dallas  | State<br>TX                         | Zip Code<br>75201-6852                              | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Self-Employed                               |                                     | Occupation<br>Self-Employed                         |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2800.00 |   |   |  |

|   |   |                                     |   |  |  |
|---|---|-------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul De Cleva    |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 350 N. Saint Paul Street<br>Suite 1625          |                                     | <b>Transaction ID:</b> 2009M04L11ai00920            |  |  |
|   | City<br>Dallas  | State<br>TX                         | Zip Code<br>75201-6852                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |  |  |
|   | Name of Employer<br>Self-Employed                               |                                     | Occupation<br>Self-Employed                         |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2800.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Dorian D. De Dene |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|   | Mailing Address 19086 Ash Avenue                                 |                                    | <b>Transaction ID:</b> 2009M04L11ai00921            |  |  |
|   | City<br>Eastpointe   | State<br>MI                        | Zip Code<br>48021-2733                              | Amount of Each Receipt this Period<br>110.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    |   |  |  |
|   | Name of Employer<br>Three C's Landscaping                        |                                    | Occupation<br>Horticultrual Foreman                 |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>220.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 660.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 314 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William E. De Feo  | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 144 Merrymount Drive  | <b>Transaction ID:</b> 2009M04L11ai00922            |
|           | City State Zip Code<br>Warwick RI 02888-5545  | Amount of Each Receipt this Period<br>230.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>230.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Anthony J. De Girolamo  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 116 Cleveland Avenue N.W.<br>Courtyard Centre  | <b>Transaction ID:</b> 2009M04L11ai00923            |
|           | City State Zip Code<br>Canton OH 44702-1744  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Barbara De Graw   | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|           | Mailing Address P.O. Box 448  | <b>Transaction ID:</b> 2009M04L11ai00924            |
|           | City State Zip Code<br>Julian CA 92036-0448   | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>275.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>880.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Mary De Hoog

Mailing Address 8381 Edison Avenue

City State Zip Code  
Ontario CA 91762-7318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai00925

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Mary De Hoog

Mailing Address 8381 Edison Avenue

City State Zip Code  
Ontario CA 91762-7318

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

Transaction ID: 2009M04L11ai00926

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Gerrit De Jong

Mailing Address 22250 Road 20

City State Zip Code  
Tulare CA 93274-8936

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai00927

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Rafael A. De Los Reyes

Mailing Address P.O. Box 141707

City State Zip Code  
Coral Gables FL 33114-1707

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00928

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert De Rose

Mailing Address P.O. Box 8082

City State Zip Code  
Rancho Santa Fe CA 92067-8082

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai00929

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Laine De Souza

Mailing Address PO Box 156

City State Zip Code  
Wyncote PA 19095-0156

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai00930

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William S. DeArment

Mailing Address 438 Chestnut Street

City State Zip Code  
Meadville PA 16335-4403

FEC ID number of contributing federal political committee. **C**

Name of Employer Channellock, Inc. Occupation Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai00931  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary DeMarteleire

Mailing Address 4013 Caln Circle

City State Zip Code  
Harleysville PA 19438-3336

FEC ID number of contributing federal political committee. **C**

Name of Employer Usps Occupation Supr. Customer Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai00932  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary DeMarteleire

Mailing Address 4013 Caln Circle

City State Zip Code  
Harleysville PA 19438-3336

FEC ID number of contributing federal political committee. **C**

Name of Employer Usps Occupation Supr. Customer Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai00933  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Constance J. Deakin  
Mailing Address P.O. Box 45  
City Moapa State NV Zip Code 89025-0045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00934  
Amount of Each Receipt this Period 180.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Dean  
Mailing Address 14900 1St Avenue N.E.  
Apartment 207  
City Shoreline State WA Zip Code 98155-6809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai00935  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack P. Dean  
Mailing Address 110 Country Club Drive  
City Madison State MS Zip Code 39110-8809  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai00936  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Russell J. & Janet S Dean

Mailing Address P.O. Box 2347

City Pasco State WA Zip Code 99302-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer Russ Dean Ford, Inc. Occupation Auto & R.V. Dealer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai00937  
 Amount of Each Receipt this Period: 360.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra Dean

Mailing Address 3064 N. Windstone Way Lane

City Germantown State TN Zip Code 38138-7382

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai00938  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. A. Neil Deatley

Mailing Address 6523 Snake River Road

City Asotin State WA Zip Code 99402-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Eucon Corporation Occupation Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 18 / 2009  
**Transaction ID:** 2009M04L11ai00939  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **660.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Virgil C. Dechant

Mailing Address 11409 Meadow Lane

City Leawood State KS Zip Code 66211-3015

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00940  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sophia Decleva

Mailing Address 350 North St Paul Street #1625

City Dallas State TX Zip Code 75201-4259

FEC ID number of contributing federal political committee. **C**

Name of Employer ROAD RUNNER OIL CO. Occupation OIL & GAS ADMINISTRATOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai00941  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terence N. Deeks

Mailing Address 2843 S. Bayshore Drive Apartment 8F

City Coconut Grove State FL Zip Code 33133-6022

FEC ID number of contributing federal political committee. **C**

Name of Employer Navigation Insurance Company Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 04 / 2009  
Transaction ID: 2009M04L11ai00942  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Carla Dehmrow

Mailing Address 2500 Indigo Lane  
#109

City State Zip Code  
Glenview IL 60026-7799

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai00943

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Russell D Deidiker, M.D.

Mailing Address 2820 Wesley Chapel Road

City State Zip Code  
Farmington MO 63640-6512

FEC ID number of contributing federal political committee. **C**

Name of Employer Mineral Area Pathology, Llc Occupation Pathologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00944

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mark A Delagasse

Mailing Address P.O. Box 985

City State Zip Code  
Naches WA 98937-0985

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00945

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 322 / 1940              |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. John P. Delaney  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|   | Mailing Address 4731 Pin Oak Road                                      |                                    | <b>Transaction ID:</b> 2009M04L11ai00946            |
|   | City<br>Akron  | State<br>OH                        | Zip Code<br>44333-1070                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>100.00        |
|   | Name of Employer<br>G.D.S. Express, Inc.                               | Occupation<br>Manager              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. P. James Delaney        |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 13 Cliff Top Drive                                     |                                    | <b>Transaction ID:</b> 2009M04L11ai00947            |
|   | City<br>Loudonville  | State<br>NY                        | Zip Code<br>12211-1513                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>300.00        |
|   | Name of Employer<br>Curtis Lumber Company, Inc.                        | Occupation<br>Accountant           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. George B. Delaplaine, Jr. |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|   | Mailing Address 11732 Old Annapolis Road                                 |                                     | <b>Transaction ID:</b> 2009M04L11ai00948            |
|   | City<br>Frederick  | State<br>MD                         | Zip Code<br>21701-3430                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>   |                                     | Amount of Each Receipt this Period<br>200.00        |
|   | Name of Employer<br>Self-Employed  | Occupation<br>Self-Employed         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1700.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Angelo Delgrande

Mailing Address 93 Spy Glass HL

City State Zip Code  
Hopewell Junction NY 12533-6273

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00949

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Ray Delong

Mailing Address 3051 Hartway Drive

City State Zip Code  
Deland FL 32720-1900

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Triple D. Equipment President/ Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai00950

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald Delong

Mailing Address 355 Ridge Road

City State Zip Code  
Newton NJ 07860

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai00951

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas F. Deloughery

Mailing Address 2401 100th St. NW

City State Zip Code  
Burlington ND 58722-9501

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00952

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Nicholas Demmo

Mailing Address 2 Oneida Street

City State Zip Code  
Rye NY 10580

FEC ID number of contributing federal political committee. **C**

Name of Employer Wachtell Lipton Rosen & Katz Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai00953

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Robert S. Demski

Mailing Address 2020 Persimmon Hill Lane

City State Zip Code  
Lampe MO 65681-7395

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai00954

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Howard Denbo

Mailing Address 45 Castro Street  
Suite 138

City San Francisco State CA Zip Code 94114-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai00955  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joe C. Denman, III

Mailing Address 112 Suntory Way

City Lufkin State TX Zip Code 75901-7738

FEC ID number of contributing federal political committee. **C**

Name of Employer First Bank and Trust East Texas Occupation Banking Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai00956  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Dennis

Mailing Address 16330 Vintage Oaks Lane

City Delray Beach State FL Zip Code 33484-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer P.S. Dennis Consultants Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai00957  
Amount of Each Receipt this Period: 205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **405.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 326 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Derienzo

Mailing Address 19 Piper Place

City State Zip Code  
Old Bethpage NY 11804-1451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N.Y.P.D. Police

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 218.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00958

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill Derosa

Mailing Address 11 Dellwood Avenue

City State Zip Code  
Chatham NJ 07928-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Putnam Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00959

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael D. Derosa

Mailing Address 47301 National Road  
P.O. Box 536

City State Zip Code  
Saint Clairsville OH 43950-0536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00960

Amount of Each Receipt this Period  
240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 390.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Phaon B. Derr, Jr.

Mailing Address 4704 Nottingham Road

City Jacksonville State FL Zip Code 32210-5854

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai00961

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Trudy Desilets

Mailing Address 11709 59Th Ave W. Unit 202

City Mukilteo State WA Zip Code 98275-4872

FEC ID number of contributing federal political committee. **C**

Name of Employer Medicis Occupation Chief Technology Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai00962

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary C. Deussenbery

Mailing Address 1 Mill Street

City Cohocton State NY Zip Code 14826-9405

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai00963

Amount of Each Receipt this Period 110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1310.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kay Devries  
Mailing Address 2338 Cleveland Avenue  
City Inwood State IA Zip Code 51240-7779  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai00964  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth Dey  
Mailing Address 86 Hill Road  
City Allentown State NJ Zip Code 08501-1410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 430.00  
Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai00965  
Amount of Each Receipt this Period 315.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Abigail S. Deyampert  
Mailing Address 418 E. Berry St  
City Ft Wayne State IN Zip Code 46802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 535.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai00966  
Amount of Each Receipt this Period 535.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Tammela A Di Leo

Mailing Address 2747 NE 17th Street

City State Zip Code  
Fort Lauderdale FL 33305-3603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00967

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph L. Di Maggio

Mailing Address 527 Black Duck Lane

City State Zip Code  
Bloomington IL 60108-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Five Star Safety Equipment, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00968

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Di Meola

Mailing Address 67 Clear Lake Road

City State Zip Code  
Whiting NJ 08759-2980

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 242.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai00969

Amount of Each Receipt this Period  
242.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **742.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Orlando Di Rienzo

Mailing Address P.O. Box 49

City State Zip Code  
Potterville NJ 07979-0049

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00970

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Orlando Di Rienzo

Mailing Address P.O. Box 49

City State Zip Code  
Potterville NJ 07979-0049

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai00971

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael C Di Severia

Mailing Address 16200 Bellingham Drive

City State Zip Code  
Darnestown MD 20874

FEC ID number of contributing federal political committee. **C**

Name of Employer Potomac Foods Company Occupation Own/Operate Restaurants

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00972

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Diaco

Mailing Address 820 Trailing Ridge Road

City State Zip Code  
Franklin Lakes NJ 07417-1515

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Power Electric Company, Inc.

Occupation  
Electrical Contractor

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00973

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Ashley Diamond

Mailing Address 401 Pea Pond Road

City State Zip Code  
Katonah NY 10536-3832

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested

Occupation Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00974

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Rosa M Diaz (Flores)

Mailing Address 9817 Sw 58 Street

City State Zip Code  
Miami FL 33173-1414

FEC ID number of contributing federal political committee. **C**

Name of Employer  
All American Containers, Inc.

Occupation  
Svp

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai00975

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City State Zip Code  
New Bethlehem PA 16242-4743

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai00976

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City State Zip Code  
New Bethlehem PA 16242-4743

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai00977

Amount of Each Receipt this Period  
205.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lloyd Dibb

Mailing Address 3309 Route 66

City State Zip Code  
New Bethlehem PA 16242-4743

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai00978

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 333 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bennie G. Dibona

Mailing Address 4305 W. Watrous Avenue

City Tampa State FL Zip Code 33629-4916

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00979

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Dick

Mailing Address 225 Elmcroft Rd

City Rochester State NY Zip Code 14609-7741

FEC ID number of contributing federal political committee. **C**

Name of Employer Zwicker & Assoc, Pc Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 27 / 2009

**Transaction ID:** 2009M04L11ai00980

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James C. Dickert

Mailing Address 54 Huntington Court

City Burr Ridge State IL Zip Code 60527-6451

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai00981

Amount of Each Receipt this Period 201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **401.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Dickman

Mailing Address 1578 Majestic View Lane

City State Zip Code  
Fleming Island FL 32003-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pegasus Technologies, Inc. Director Of Maintenance (Aviation)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00982

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick Dickman

Mailing Address 1578 Majestic View Lane

City State Zip Code  
Fleming Island FL 32003-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pegasus Technologies, Inc. Director Of Maintenance (Aviation)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai00983

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Everard D. Diedrick

Mailing Address 19864 Tattnall Way

City State Zip Code  
Brooksville FL 34601-6476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai00984

Amount of Each Receipt this Period  
165.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Everard D. Diedrick

Mailing Address 19864 Tattnall Way

City State Zip Code  
Brooksville FL 34601-6476

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai00985

Amount of Each Receipt this Period  
165.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Pearl Diem

Mailing Address 217 W. Holly Avenue

City State Zip Code  
Pitman NJ 08071-1333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai00986

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Norbert Diersen

Mailing Address 224 E. Main Street

City State Zip Code  
Harbor Springs MI 49740-1512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 670.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai00987

Amount of Each Receipt this Period  
310.00

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William C. Dietz

Mailing Address 1300 N.E. 16Th Avenue  
Apartment 701

City Portland State OR Zip Code 97232-1483

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai00988

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gail W. Dilley

Mailing Address P.O. Box 858

City Mannford State OK Zip Code 74044-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai00989

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Paul Dimartini

Mailing Address 345 River Bend Drive

City Reno State NV Zip Code 89523-9518

FEC ID number of contributing federal political committee. **C**

Name of Employer D. & D. Tire, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1055.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai00990

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Leslie V Dix li

Mailing Address 133 Bretton Road

City State Zip Code  
Johnstown PA 15905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Drs Technologies Director, Quality & Opex

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai00991

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Elaine K. Dixon

Mailing Address 599 Macon Road

City State Zip Code  
Mc Intyre GA 31054-2059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Attentus Healthcare, Inc. Healthcare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai00992

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Dixon

Mailing Address 2400 N.E. 36St #6

City State Zip Code  
Light House Point FL 33064-8171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai00993

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Millie Djurich  
Mailing Address 17501 Buckingham Drive  
City State Zip Code  
Beverly Hills MI 48025-3213  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00  
Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai00994  
Amount of Each Receipt this Period: 70.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard S. Dodd  
Mailing Address 1390 Gulfstar Drive S.  
City State Zip Code  
Naples FL 34112-6402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai00995  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard S. Dodd  
Mailing Address 1390 Gulfstar Drive S.  
City State Zip Code  
Naples FL 34112-6402  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai00996  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary Dodson  
 Mailing Address 763 Darlene Way  
 City State Zip Code  
 Boulder City NV 89005-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ecc Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt MM / DD / YYYY 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai00997  
 Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary Dodson  
 Mailing Address 763 Darlene Way  
 City State Zip Code  
 Boulder City NV 89005-3422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ecc Occupation Project Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt MM / DD / YYYY 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai00998  
 Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathryn D. Dodson  
 Mailing Address 16940 Bay Street  
 City State Zip Code  
 Jupiter FL 33477-1200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00  
 Date of Receipt MM / DD / YYYY 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai00999  
 Amount of Each Receipt this Period 110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Clara Dolan  
Mailing Address 19562 Waterford Ct.  
City Excelsior State MN Zip Code 55331-7023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01000  
Amount of Each Receipt this Period 140.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Laine Dolan  
Mailing Address P.O. Box 143  
City Elka Park State NY Zip Code 12427-0143  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01001  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norbert L. Doligalski  
Mailing Address 5819 Encore Drive  
City Dallas State TX Zip Code 75240-4761  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01002  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 940.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Eric M. Donaty   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
| Mailing Address 8920 Wilshire Blvd.<br>#316   |                                     | <b>Transaction ID:</b> 2009M04L11ai01003            |
| City<br>Beverly Hills   | State<br>CA                         | Zip Code<br>90211-2003                              |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>Eric M. Donaty Dmd, Inc.  | Occupation<br>Dentist               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Kathy & James Donnelly   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
| Mailing Address 724 Willow Ridge Drive  |                                    | <b>Transaction ID:</b> 2009M04L11ai01004            |
| City<br>San Marcos  | State<br>TX                        | Zip Code<br>78666-4912                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer Requested  | Occupation Requested               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Maureen Ann Donnelly   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
| Mailing Address 1280 S. Alhambra Circle<br>Apartment 1425   |                                    | <b>Transaction ID:</b> 2009M04L11ai01005            |
| City<br>Coral Gables  | State<br>FL                        | Zip Code<br>33146-3130                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>330.00        |
| Name of Employer<br>Rader Logistics   | Occupation<br>Business Manager     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>330.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1530.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 342 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mavis Donnelly

Mailing Address 3170 North Bear Canyon Road

City Tucson State AZ Zip Code 85749-8772

FEC ID number of contributing federal political committee. **C**

Name of Employer Mavis Donnelly Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai01006  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Julia Donner

Mailing Address 83 Presidents Walk

City Buffalo State NY Zip Code 14221-2426

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 05 / 2009  
Transaction ID: 2009M04L11ai01007  
Amount of Each Receipt this Period: 55.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julia Donner

Mailing Address 83 Presidents Walk

City Buffalo State NY Zip Code 14221-2426

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai01008  
Amount of Each Receipt this Period: 55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1110.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 343 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John R Doody

Mailing Address 42 Cross Creek Dr. W.

City State Zip Code  
Birmingham AL 35213

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01009

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Peggy Dopson

Mailing Address 1617 McAllen Street

City State Zip Code  
Henderson TX 75654-4273

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01010

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Rodgers B. Dorr, Jr.

Mailing Address P.O. Box 3824

City State Zip Code  
Redondo Beach CA 90277-2307

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01011

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 344 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Ann Oman Dorsett

Mailing Address P.O. Box 1969

City State Zip Code  
Crossville TN 38558-1969

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01012

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Dorsey

Mailing Address 5793 Opengate Court

City State Zip Code  
Cincinnati OH 45247-5982

FEC ID number of contributing federal political committee. **C**

Name of Employer Ultimus Fund Solutions Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01013

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew J. Dossett

Mailing Address 1305 E. Balboa Boulevard

City State Zip Code  
Newport Beach CA 92661-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01014

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 345 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Doty

Mailing Address P. O. Box 582

City Kilauea State HI Zip Code 96754-0582

FEC ID number of contributing federal political committee. **C**

Name of Employer: Na Aina Kai Botanical Gardens Occupation: Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai01015  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bennett B. Doubleday, Jr.

Mailing Address 4406 Georgian Place

City Nashville State TN Zip Code 37215-4528

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 18 / 2009  
**Transaction ID:** 2009M04L11ai01016  
Amount of Each Receipt this Period: 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City Mount Laurel State NJ Zip Code 08054-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01017  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1425.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Betty J. Doughty  
Mailing Address 1 W. Berwin Way  
City Mount Laurel State NJ Zip Code 08054-3014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai01018  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Betty J. Doughty  
Mailing Address 1 W. Berwin Way  
City Mount Laurel State NJ Zip Code 08054-3014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01019  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Betty J. Doughty  
Mailing Address 1 W. Berwin Way  
City Mount Laurel State NJ Zip Code 08054-3014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01020  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Betty J. Doughty

Mailing Address 1 W. Berwin Way

City State Zip Code  
Mount Laurel NJ 08054-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01021

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Ralph E. Douglas

Mailing Address 20 Fenimore Drive

City State Zip Code  
Scotch Plains NJ 07076-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01022

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Connie L. Douglass

Mailing Address 1709 S. State Street

City State Zip Code  
Edmond OK 73013-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01023

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1130.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Tom Douglass

Mailing Address 1709 S. State Street

City State Zip Code  
Edmond OK 73013-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced Micro Solutions, Inc. Owner, president

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01024

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William H. Douglass

Mailing Address 9845 Santa Clara Court

City State Zip Code  
Howey In The Hills FL 34737-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
American Logistic's Company Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01025

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ronald M. Doumani

Mailing Address 32 Quiet Moon Lane

City State Zip Code  
Las Vegas NV 89135-7863

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01026

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

650.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 349 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Chuck Downey         | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|   | Mailing Address 2822 Stinson Street                                 | <b>Transaction ID:</b> 2009M04L11ai01027            |
|   | City State Zip Code<br>Poplar Grove IL 61065-8249                   | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Retired  | Occupation Retired  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Chuck Downey         | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 2822 Stinson Street                                 | <b>Transaction ID:</b> 2009M04L11ai01028            |
|   | City State Zip Code<br>Poplar Grove IL 61065-8249                   | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Retired  | Occupation Retired  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James Downey         | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|   | Mailing Address 4765 SW 80th Street                                 | <b>Transaction ID:</b> 2009M04L11ai01029            |
|   | City State Zip Code<br>Miami FL 33143-6139                          | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Validus Reaseguros   | Occupation Reinsurance Underwriter                                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Downey  
Mailing Address 4184 Boca Pointe Drive  
City Sarasota State FL Zip Code 34238-5572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai01030  
Amount of Each Receipt this Period 2250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jimmy Doyle  
Mailing Address P. O. Box 365  
City Warrior State AL Zip Code 35180-0365  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hydra Service, Inc. Occupation Admin. Assis.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai01031  
Amount of Each Receipt this Period 225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael E. Drayer  
Mailing Address 3103 Cardinal Drive  
City Westminster State MD Zip Code 21157-7703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 245.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai01032  
Amount of Each Receipt this Period 245.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2720.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Francis G. Dreiss

Mailing Address 2934 Junction Hwy.

City State Zip Code  
Kerrville TX 78028-9312

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01033

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick & Lolamar Dressler

Mailing Address P.O. Box 188

City State Zip Code  
Gardenerville NV 89410-0188

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01034

Amount of Each Receipt this Period  
65.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Dale R. Drew

Mailing Address 4454 Barchester Drive

City State Zip Code  
Bloomfield Hills MI 48302-2118

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01035

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1115.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 352 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James Thomas Drew

Mailing Address 11914 Tierra Verde Court

City Jacksonville State FL Zip Code 32258-2279

FEC ID number of contributing federal political committee. **C**

Name of Employer Baptist Health Jackson, FL Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai01036

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Laura Driscoll

Mailing Address 15 Byrnes Street

City Newport State RI Zip Code 02840-4061

FEC ID number of contributing federal political committee. **C**

Name of Employer Metlife Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai01037

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. W. John Driscoll

Mailing Address 30 7Th Street E. Suite 2000

City Saint Paul State MN Zip Code 55101-4930

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 2009M04L11ai01038

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Lois C. Drum  
 Mailing Address 251 Chapel Road  
 City State Zip Code  
 Wheeling WV 26003-4841  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01039  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Charles E. Drummey  
 Mailing Address 4 Benjamin Road  
 City State Zip Code  
 Ellington CT 06029-2127  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01040  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Murtha Cullina, L.L.P. Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. John M. Drury  
 Mailing Address 5101 New Cut Road Rear  
 City State Zip Code  
 Louisville KY 40214-2734  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai01041  
 Amount of Each Receipt this Period  
 225.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 354 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. John M. Drury  | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|           | Mailing Address 5101 New Cut Road Rear  | <b>Transaction ID:</b> 2009M04L11ai01042            |
|           | City State Zip Code<br>Louisville KY 40214-2734   | Amount of Each Receipt this Period<br>225.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>450.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Cheri L. Druzak   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 164 Radcliff Dr.  | <b>Transaction ID:</b> 2009M04L11ai01043            |
|           | City State Zip Code<br>Aliquippa PA 15001-1678  | Amount of Each Receipt this Period<br>400.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Homemaker<br>Occupation Homemaker<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Raymond F. Du Bois, Jr.   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 1545 35th Street NW  | <b>Transaction ID:</b> 2009M04L11ai01044            |
|           | City State Zip Code<br>Washington DC 20007-2753  | Amount of Each Receipt this Period<br>1100.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1100.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1725.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hugo DuPreez

Mailing Address 1641 Chinaberry Way

City State Zip Code  
Naples FL 34105-3053

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01045

Amount of Each Receipt this Period  
202.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Karl Duffy

Mailing Address 579 W. Shore Road

City State Zip Code  
South Hero VT 05486-4404

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01046

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Bhagvan Dugre

Mailing Address 435 East 57th Street  
Apartment 11C

City State Zip Code  
New York NY 10022-3174

FEC ID number of contributing federal political committee. **C**

Name of Employer Sisley Cosmetics Usa Occupation Sales Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01047

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **462.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jerry Dumas

Mailing Address 6560 Coppage Street

City State Zip Code  
Houston TX 77007-2079

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Flotek Industries C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01048

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John C. Dumler, Jr.

Mailing Address 445 Maryland Avenue

City State Zip Code  
Harrisonburg VA 22801-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01049

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City State Zip Code  
Napa CA 94558-7029

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Self-Employed  
Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01050

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City Napa State CA Zip Code 94558-7029

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01051  
Amount of Each Receipt this Period: 85.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R. Dunathan

Mailing Address 142 Old Vine Way

City Napa State CA Zip Code 94558-7029

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01052  
Amount of Each Receipt this Period: 85.00

**C.** Full Name (Last, First, Middle Initial)  
Cpt. John A. Duncan, USN (Ret)

Mailing Address P.O. Box 523

City Loxley State AL Zip Code 36551-0523

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01053  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 270.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 358 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Lisa Dunderville |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 409 Woodbridge Drive                             |                                    | <b>Transaction ID:</b> 2009M04L11ai01054            |  |  |
|   | City<br>Charleston   | State<br>WV                        | Zip Code<br>25311                                   | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    |   |  |  |
|   | Name of Employer Requested                                       |                                    | Occupation Requested                                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe Dunigan      |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |  |  |
|   | Mailing Address 911 E. South Street                             |                                    | <b>Transaction ID:</b> 2009M04L11ai01055            |  |  |
|   | City<br>Jackson   | State<br>MI                        | Zip Code<br>49203-4404                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Dunigan Brothers                            |                                    | Occupation<br>Construction                          |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph J. Dunn   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |   |  |
|   | Mailing Address 300 West Elm Street<br>Suite 2314               |                                     | <b>Transaction ID:</b> 2009M04L11ai01056            |   |  |
|   | City<br>Conshohocken  | State<br>PA                         | Zip Code<br>19428-1832                              | Amount of Each Receipt this Period<br>2000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Retired                                     |                                     | Occupation<br>Retired                               |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Dunn

Mailing Address 181 Durham Road

City State Zip Code  
Newtown PA 18940-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Merrill Lynch Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01057

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Elton E. Dyal

Mailing Address 2004 W. Longhorn Drive

City State Zip Code  
Chandler AZ 85286-6117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01058

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Dyer

Mailing Address P.O. Box 39

City State Zip Code  
La Jolla CA 92038-0039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
General Atomics Division Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai01059

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 360 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard S. Dyer  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 2428 Bermuda Hills Road                         |                                    | <b>Transaction ID:</b> 2009M04L11ai01060            |  |  |
|   | City<br>Columbia  | State<br>SC                        | Zip Code<br>29223-6808                              | Amount of Each Receipt this Period<br>400.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Dick Fyer & Associates Inc.                 |                                    | Occupation<br>Toyota, Volvo, Mercedes Dealer        |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Steve & Susan Dyer   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|   | Mailing Address 15871 Duquesne Circle                           |                                    | <b>Transaction ID:</b> 2009M04L11ai01061            |  |  |
|   | City<br>Brighton  | State<br>CO                        | Zip Code<br>80603-3856                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Univair Aircraft Corporation                |                                    | Occupation<br>C.O.B.                                |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard Dyke     |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |   |  |
|   | Mailing Address 3 Isleworth Drive                               |                                     | <b>Transaction ID:</b> 2009M04L11ai01062            |   |  |
|   | City<br>Henderson   | State<br>NV                         | Zip Code<br>89052-6458                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Retired                                     |                                     | Occupation<br>Retired                               |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Waldemar Dzierzanowski

Mailing Address 10361 Franklin Avenue

City State Zip Code  
Franklin Park IL 60131-1542

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1095.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01063

Amount of Each Receipt this Period  
550.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter R. Eames

Mailing Address 40 Brookland Farms Road

City State Zip Code  
Poughkeepsie NY 12601-5802

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01064

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Early

Mailing Address P.O. Box 821

City State Zip Code  
Kent OH 44240-0017

FEC ID number of contributing federal political committee. **C**

Name of Employer Securities Security Services Occupation Police Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01065

Amount of Each Receipt this Period  
195.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **995.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. James M. Early

Mailing Address P.O. Box 821

City State Zip Code  
Kent OH 44240-0017

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Securities Security Services Police Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 215.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01066

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Tina M. Earp

Mailing Address 5301 S. Superstition Mountain Dr.  
Suite 104

City State Zip Code  
Gold Canyon AZ 85218-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01067

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Patti Eason

Mailing Address 1303 Calais Road

City State Zip Code  
Memphis TN 38120-3210

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Self-Employed  
Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01068

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Robbi Easton  
Mailing Address 1090 Mariner Drive  
City State Zip Code  
Key Biscayne FL 33149-2474  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai01069  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Spencer F. Eccles  
Mailing Address P.O. Box 3028  
City State Zip Code  
Salt Lake City UT 84110-3028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai01070  
Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph J. Eckert  
Mailing Address 4766 Highland Park Drive  
City State Zip Code  
Slinger WI 53086-9441  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai01071  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3200.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Eddins, Jr.  
Mailing Address 16901 Dorman Drive

City State Zip Code  
Round Rock TX 78681-3663

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Verizon Supervisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01072

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vello Ederma  
Mailing Address 7109 Loisdale Road

City State Zip Code  
Springfield VA 22150-2033

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01073

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Peggy Edgar  
Mailing Address 1104 Oday Road

City State Zip Code  
Saint Martinville LA 70582-5916

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gulf Coast Marine and Ass- Owner  
ociat

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01074

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **425.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John R. Edgeworth

Mailing Address 9397 Midnight Pass Road  
Apartment 906

City State Zip Code  
Sarasota FL 34242-2953

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01075

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John R. Edgeworth

Mailing Address 9397 Midnight Pass Road  
Apartment 906

City State Zip Code  
Sarasota FL 34242-2953

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01076

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Norman V. Edmonson

Mailing Address 607 N. Chester Road

City State Zip Code  
Swarthmore PA 19081-1014

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01077

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Chad P. Edwards  
Mailing Address 4385 Taylor Hall Lane  
City Adams State TN Zip Code 37010-9181  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Army Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01078  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George W. Edwards  
Mailing Address 17007 Hill View Ln.  
City Spring State TX Zip Code 77379-4506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai01079  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Nicholas Edwards  
Mailing Address 3820 River Road  
City Wimberley State TX Zip Code 78676-5141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai01080  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeff M. Edwards

Mailing Address 3722 Cove Timber Avenue

City State Zip Code  
Granbury TX 76049-5009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Triencon Services, Inc. Industrial Data Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01081

Amount of Each Receipt this Period  
460.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Egan

Mailing Address P.O. Box 1343

City State Zip Code  
Houston TX 77251-1343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self CPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01082

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
William & Dorothea Egan

Mailing Address 152 Leisure World

City State Zip Code  
Mesa AZ 85206-3111

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01083

Amount of Each Receipt this Period  
45.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 368 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>William & Dorothea Egan  |                                     | Date of Receipt   |
|   | Mailing Address 152 Leisure World                                   |                                     | <input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Mesa  | AZ                                  | 85206-3111  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai01084  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="50.00"/>  |
|   |   | <input type="text" value="315.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Miss Lucille J. Ehlers   |                                     | Date of Receipt   |
|   | Mailing Address 10213 Orkiney Dr.                                   |                                     | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Las Vegas   | NV                                  | 89144-4314  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai01085  |
| Name of Employer Requested  |   | Occupation Requested                | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="100.00"/>   |
|   |   | <input type="text" value="300.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Robert H Ehrhart     |                                     | Date of Receipt   |
|   | Mailing Address 623 Green Place                                     |                                     | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Kohler  | WI                                  | 53044-1405  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai01086  |
| Name of Employer<br>Aurora Medical Group  |   | Occupation<br>Physician             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="500.00"/>   |
|   |   | <input type="text" value="500.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="650.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Clifford J. Ehrlich

Mailing Address 9710 Beman Woods Way

City State Zip Code  
Potomac MD 20854-5455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01087

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis J. Ehrreich

Mailing Address 10 Hitching Post Road

City State Zip Code  
Lakeville MA 02347-3606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ercon, Inc. President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01088

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mourad G. El-Cassabgui

Mailing Address 3202 Fm 1990

City State Zip Code  
Palestine TX 75801-3013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01089

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) .....

2875.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Pamela Elardi

Mailing Address 809 Ville Franche St.

City Las Vegas State NV Zip Code 89145-8656

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01090

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles J. Elder

Mailing Address 12676 Lashbrook Lane W.

City Brighton State MI Zip Code 48114-6004

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01091

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jean K. Elder

Mailing Address 4644 Sawgrass Drive E.

City Ann Arbor State MI Zip Code 48108-8616

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant - Human Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01092

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph H. Elkjer

Mailing Address 6351 Ehler Avenue S.E.

City Delano State MN Zip Code 55328-8104

FEC ID number of contributing federal political committee. **C**

Name of Employer Precision Lens Occupation Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai01093  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. J. David Eller

Mailing Address 281 S. E. 18Th Avenue

City Deerfield Beach State FL Zip Code 33441-5009

FEC ID number of contributing federal political committee. **C**

Name of Employer M.W.I. Corporation Occupation President & C. E. O.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01094  
 Amount of Each Receipt this Period 1500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Ellgen

Mailing Address 7404 N. W. 118Th Street

City Oklahoma City State OK Zip Code 73162-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01095  
 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. John E. Elliff

Mailing Address P. O. Box 951

City State Zip Code  
Sterling CO 80751-0951

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01096

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Monica Elling

Mailing Address 4042 Sidonia Road

City State Zip Code  
Sharon TN 38255

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01097

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Monica Elling

Mailing Address 4042 Sidonia Road

City State Zip Code  
Sharon TN 38255

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01098

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **710.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Norma C. Ellington

Mailing Address 1227 W. Barker Avenue

City State Zip Code  
Peoria IL 61606-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01099

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. J. Kelly Elliott

Mailing Address 10830 Kinghurst Street

City State Zip Code  
Houston TX 77099-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai01100

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara C. Ellis

Mailing Address 3882 Burrsville Road

City State Zip Code  
Harrington DE 19952-4627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01101

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

820.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 374 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fred Orrell Ellis

Mailing Address 6943 Nc Highway 801 S.

City Mocksville State NC Zip Code 27028-6734

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2009

Transaction ID: 2009M04L11ai01102

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Renee Suzanne Ellis

Mailing Address 3719 Tully Road #A

City Modesto State CA Zip Code 95356-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009

Transaction ID: 2009M04L11ai01103

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ernest Ellison, II

Mailing Address 6720 Churchill Park Court

City Charlotte State NC Zip Code 28210-3480

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 09 / 2009

Transaction ID: 2009M04L11ai01104

Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. David L. Elson

Mailing Address 513 E. Plum Creek Road

City State Zip Code  
Sioux Falls SD 57105-6950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Avera Health Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01105

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Ellen Emley

Mailing Address 6871 S. Spotswood Street

City State Zip Code  
Littleton CO 80120-3626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01106

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Ellen Emley

Mailing Address 6871 S. Spotswood Street

City State Zip Code  
Littleton CO 80120-3626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01107

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judith Emmitt

Mailing Address PO Box 331

City Oldwick State NJ Zip Code 08858-0331

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai01108  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Francis D. Engle

Mailing Address 581 Fisher Road

City Roseburg State OR Zip Code 97471-8229

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01109  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tony Enochson

Mailing Address 642 San Benito Avenue

City Menlo Park State CA Zip Code 94025-1936

FEC ID number of contributing federal political committee. **C**

Name of Employer Amgen, Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01110  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Nels H. Enquist

Mailing Address 530 N.E. 88Th Street

City State Zip Code  
Seattle WA 98115-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Seattle Public Schools Activity Coordinator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01111

Amount of Each Receipt this Period

105.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Nels H. Enquist

Mailing Address 530 N.E. 88Th Street

City State Zip Code  
Seattle WA 98115-2937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Seattle Public Schools Activity Coordinator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01112

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jerry B. Epstein

Mailing Address 4201 Via Marina

City State Zip Code  
Marina Del Rey CA 90292-5236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01113

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1205.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark R Epstein

Mailing Address 3612 Holly Ridge Drive

City State Zip Code  
Santa Rosa CA 95409-4010

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01114

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Tracy Erwin

Mailing Address 1706 Longacre Dr.

City State Zip Code  
Houston TX 77055-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer Amherst Securities Group Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01115

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Gregg Esakoff

Mailing Address 710 Northwoods Dr

City State Zip Code  
Whitefish MT 59937-8159

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Engineering Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01116

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alvaro F. Espinosa

Mailing Address 3940 Sunshine Canyon Drive

City State Zip Code  
Boulder CO 80302-9722

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01117

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. Esposito, Jr.

Mailing Address P.O. Box 8908

City State Zip Code  
Longboat Key FL 34228-8908

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01118

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
Box 7606

City State Zip Code  
Kingsport TN 37664-3130

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01119

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
Box 7606

City Kingsport State TN Zip Code 37664-3130

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai01120

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Frances Estabrook

Mailing Address 1898 Kenwood Road  
Box 7606

City Kingsport State TN Zip Code 37664-3130

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai01121

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Harold Estes

Mailing Address 505 Hickory Hollow Street

City Lufkin State TX Zip Code 75904-4777

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01122

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 381 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. George W. Etheridge, Jr.  
 Mailing Address 2847 Cobblestone Drive  
 City State Zip Code  
 Palm Harbor FL 34684-1655  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai01123  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Precision Orthopedic, Inc. Occupation Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Geoffrey Etherington, III  
 Mailing Address 165 W. 66th Street Apt. 3C  
 City State Zip Code  
 New York NY 10023-6538  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai01124  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Edwards Angell Palmer & Dodge Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Edward R. Ettner  
 Mailing Address 10535 Amity Street  
 City State Zip Code  
 Mason Neck VA 22079-3516  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai01125  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 382 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Cliff Eubanks    |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |  |  |
|   | Mailing Address 540 Johnstone Drive                             |   | <b>Transaction ID:</b> 2009M04L11ai01126            |  |  |
|   | City<br>Madison   | State<br>MS                                       | Zip Code<br>39110-7584                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |   |   |  |  |
|   | Name of Employer<br>Entergy                                     | Occupation<br>General Manager-Nuclear Power Plant |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00                |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Craig F Evans        |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |  |  |
|   | Mailing Address 1765 N.E. 6th St                                |                                    | <b>Transaction ID:</b> 2009M04L11ai01127            |  |  |
|   | City<br>Hermiston   | State<br>OR                        | Zip Code<br>97838                                   | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>A-1 Industrial Supply                       | Occupation<br>Owner/President      |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. J. Randolph Evans |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |   |  |
|   | Mailing Address 1500 Soaring Hawk Point                          |                                     | <b>Transaction ID:</b> 2009M04L11ai01128            |   |  |
|   | City<br>Atlanta  | State<br>GA                         | Zip Code<br>30339-5661                              | Amount of Each Receipt this Period<br>2500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                     |   |   |  |
|   | Name of Employer<br>Arnall Golden & Gregory                      | Occupation<br>Attorney              |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>2500.00 |   |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>3500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John T Evans

Mailing Address 9030 Briarwood Lane

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. **C**

Name of Employer: John T. Evans Company, Inc.  
Occupation: Real Estate Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01129

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Evans

Mailing Address 1500 Soaring Hawk Point

City State Zip Code  
Atlanta GA 30339-5661

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed  
Occupation: Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01130

Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Ronald Evans

Mailing Address 16286 Maple Hall Drive

City State Zip Code  
Midlothian VA 23113-6384

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed  
Occupation: Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai01131

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Bracken Evans

Mailing Address 4004 Lexington Avenue

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75205-3823 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Self-Employed |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 11 / 2009        |

**Transaction ID:** 2009M04L11ai01132

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Bracken Evans

Mailing Address 4004 Lexington Avenue

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Dallas | State<br>TX | Zip Code<br>75205-3823 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer<br>Self-Employed | Occupation<br>Self-Employed |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 31 / 2009        |

**Transaction ID:** 2009M04L11ai01133

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ermon Everett

Mailing Address 90 Apostolic Road

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Sumrall | State<br>MS | Zip Code<br>39482-4343 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 09 / 2009        |

**Transaction ID:** 2009M04L11ai01134

Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ermon Everett

Mailing Address 90 Apostolic Road

City State Zip Code  
Sumrall MS 39482-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01135

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael C. Evers

Mailing Address 26 Hillcrest Drive

City State Zip Code  
Kearney NE 68845-3375

FEC ID number of contributing federal political committee. **C**

Name of Employer Nebraska Fire Sprinkler Corp Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01136

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Fred & Vanessa Ewing

Mailing Address 6419 Arden Court

City State Zip Code  
Brentwood TN 37027-5660

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01137

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Fred & Vanessa Ewing  
 Mailing Address 6419 Arden Court  
 City State Zip Code  
 Brentwood TN 37027-5660  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai01138  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation  
 Manager  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. John B. Ewles  
 Mailing Address 11 Madrigal  
 City State Zip Code  
 San Clemente CA 92673-2735  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01139  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation  
 Retired  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. George Eyrich  
 Mailing Address 617 Fairfax Road  
 City State Zip Code  
 Mobile AL 36608-2939  
 Date of Receipt  
 MM / DD / YYYY  
 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01140  
 Amount of Each Receipt this Period  
 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation  
 Self-Employed  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Joan H. Facey

Mailing Address 245 River Landing Drive

City State Zip Code  
Roswell GA 30075-5045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01141

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Barbara Faga

Mailing Address 3166 Juniper Lane

City State Zip Code  
Falls Church VA 22044-1814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. Teacher

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01142

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Rita W. Fahrenkrug

Mailing Address 8365 Indian Hill Road

City State Zip Code  
Manlius NY 13104-8791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
M.F.C. Accountant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01143

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

450.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Fail

Mailing Address Two 20th Street North  
Suite 930

City Birmingham State AL Zip Code 35203-4014

FEC ID number of contributing federal political committee. **C**

Name of Employer Stone Holdings, Inc. Occupation Chief Executive Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01144  
Amount of Each Receipt this Period 15000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. S. Fairchild

Mailing Address 240 Ferry Road

City Lewiston State ME Zip Code 04240-1103

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Maine Medical Center Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01145  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary Falconer

Mailing Address 7806 34Th Court East

City Sarasota State FL Zip Code 34243-2866

FEC ID number of contributing federal political committee. **C**

Name of Employer Disabled Occupation Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 19 / 2009  
Transaction ID: 2009M04L11ai01146  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Falconer

Mailing Address 7806 34Th Court East

City State Zip Code  
Sarasota FL 34243-2866

FEC ID number of contributing federal political committee. **C**

Name of Employer Disabled Occupation Disabled

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01147

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Nancy J. Falconer

Mailing Address 4525 S.W. Natchez Court

City State Zip Code  
Tualatin OR 97062-8769

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01148

Amount of Each Receipt this Period

225.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dinesh M. Faldu

Mailing Address 283 Colwyn Terrace

City State Zip Code  
West Chester PA 19380-1152

FEC ID number of contributing federal political committee. **C**

Name of Employer Jbc Associates,inc. Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01149

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1925.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Betty Falk

Mailing Address 1152 Adair Street

City San Marino State CA Zip Code 91108-1803

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01150  
 Amount of Each Receipt this Period: 160.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Fran Falk

Mailing Address 90-60 209 Street

City Queens Village State NY Zip Code 11428-1063

FEC ID number of contributing federal political committee. **C**

Name of Employer Total Management Corp. Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai01151  
 Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Fran Falk

Mailing Address 90-60 209 Street

City Queens Village State NY Zip Code 11428-1063

FEC ID number of contributing federal political committee. **C**

Name of Employer Total Management Corp. Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai01152  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 310.00

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 392 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Arthur Eugene Fallert  
 Mailing Address 23804 Avenue 184  
 City State Zip Code  
 Porterville CA 93257-9391  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai01156  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Dean G. Fantini  
 Mailing Address 43 Fatherland Drive  
 City State Zip Code  
 Byfield MA 01922-1400  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai01157  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation  
 Electrician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Michael J. Fagnoli  
 Mailing Address 10 Tanner Woods  
 City State Zip Code  
 San Antonio TX 78248-1628  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai01158  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mutual Of Omaha Occupation  
 General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 393 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jane K. Farley

Mailing Address 5 Derby Run Court

City Blythewood State SC Zip Code 29016-8362

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01159  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Farley

Mailing Address P.O. Box 269

City Ballentine State SC Zip Code 29002-0269

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai01160  
 Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald E. Farmer

Mailing Address 2122 Nantucket Drive #D

City Houston State TX Zip Code 77057-2906

FEC ID number of contributing federal political committee. **C**

Name of Employer Us Led, Ltd Occupation Chief Executive Officer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai01161  
 Amount of Each Receipt this Period 750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 394 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ross N. Farnsworth

Mailing Address 460 S. Greenfield Road  
Suite 2

City State Zip Code  
Mesa AZ 85206-2062

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Farnsworth Companies Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01162

Amount of Each Receipt this Period  
15000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Farr

Mailing Address 406 Randolph Ave.

City State Zip Code  
Gridley CA 95948-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01163

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Farr

Mailing Address 406 Randolph Ave.

City State Zip Code  
Gridley CA 95948-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01164

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **15350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Scott Farrar  
Mailing Address 1200 Lipscomb Street  
City State Zip Code  
Fort Worth TX 76104-4631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: MM / DD / YYYY  
03 / 06 / 2009  
Transaction ID: 2009M04L11ai01165  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Scott Farrar  
Mailing Address 1200 Lipscomb Street  
City State Zip Code  
Fort Worth TX 76104-4631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: MM / DD / YYYY  
03 / 20 / 2009  
Transaction ID: 2009M04L11ai01166  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David C. Farrell  
Mailing Address 1220 Log Cabin Lane  
City State Zip Code  
Saint Louis MO 63124-1529  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt: MM / DD / YYYY  
03 / 17 / 2009  
Transaction ID: 2009M04L11ai01167  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 396 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Richard Faulk        |                                    | Date of Receipt                         |  |
|   | Mailing Address 2745 N.E. 35Th Court                                |                                    | M M / D D / Y Y Y Y Y<br>03 / 12 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01168 |
|   | Fort Lauderdale   | FL                                 | 33308-6334                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 400.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00 |   |  |

|   |   |  |   |  |
|---|---|--|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Edward A. Faulkner   |  | Date of Receipt                         |  |
|   | Mailing Address 9500 Oakridge Court                                 |  | M M / D D / Y Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01169 |
|   | Newburg   | MD                                       | 20664-2215                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 200.00                                  |  |
| Name of Employer<br>Ecolab  |   | Occupation<br>Licensed M.D.A. Applicator |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00       |   |  |

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Norman F. Fee        |                                    | Date of Receipt                         |  |
|   | Mailing Address 7209 E. Mc Donald Drive<br>Unit 38                  |                                    | M M / D D / Y Y Y Y Y<br>03 / 02 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01170 |
|   | Scottsdale  | AZ                                 | 85250-6053                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 500.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 397 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Jan E. & David Fehrenbacher

Mailing Address 27 Westminster Drive

City State Zip Code  
Lincoln IL 62656-5430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Walgreens Pharmacist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai01171

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jose Felipe

Mailing Address 711 Seaview Drive

City State Zip Code  
Juno Beach FL 33408-1309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01172

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Kaye M. Feller

Mailing Address 2777 Diamond Drive

City State Zip Code  
Camarillo CA 93010-9117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank Of America Risk Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01173

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City State Zip Code  
Plant City FL 33566-9321

FEC ID number of contributing federal political committee. **C**

Name of Employer Paloma Systems, Inc. Occupation Executive Engineer / Small Business Ow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01174

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David F. Felsburg

Mailing Address 2902 Hampton Place Court

City State Zip Code  
Plant City FL 33566-9321

FEC ID number of contributing federal political committee. **C**

Name of Employer Paloma Systems, Inc. Occupation Executive Engineer / Small Business Ow

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01175

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
W. Feltus

Mailing Address 815 Slaters Lane

City State Zip Code  
Alexandria VA 22314-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer National Media Inc Occupation Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01176

Amount of Each Receipt this Period  
350.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Melody E. Ferber  
Mailing Address 1454 Galaxy Dr.  
City State Zip Code  
Newport Beach CA 92660-4920  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01177  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. John P. Ferguson  
Mailing Address 629 Augusta Drive  
City State Zip Code  
Springfield MO 65809-1503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai01178  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary N. Fernandez  
Mailing Address P.O. Box 4027  
City State Zip Code  
Bellevue WA 98009-4027  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1300.00  
Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai01179  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. F. Michael Ferrante

Mailing Address 24745 Robert Guy Road

City State Zip Code  
Hidden Hills CA 91302-1157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ucla Dept Of Anesthesiology Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01180

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary B. Ferrebee

Mailing Address 18110 Ridgewood Avenue

City State Zip Code  
Lansing IL 60438-2256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01181

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary B. Ferrebee

Mailing Address 18110 Ridgewood Avenue

City State Zip Code  
Lansing IL 60438-2256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01182

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ross M. Ferreri

Mailing Address 200 Fleet Avenue

City Edison State NJ Zip Code 08820-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Edison Board Of Education Occupation Clerical Adi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai01183  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ross M. Ferreri

Mailing Address 200 Fleet Avenue

City Edison State NJ Zip Code 08820-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Edison Board Of Education Occupation Clerical Adi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai01184  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Joan Mc Cormack Ferrill

Mailing Address 2001 Fort Drive

City Alexandria State VA Zip Code 22307-3330

FEC ID number of contributing federal political committee. **C**

Name of Employer Strathmoore Company Occupation Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 19 / 2009  
Transaction ID: 2009M04L11ai01185  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 402 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Douglas W. Ferris    |                             | Date of Receipt                         |  |
|   | Mailing Address 40 S. Rose Road                                     |                             | M M / D D / Y Y Y Y Y<br>03 / 10 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01186 |
|   | Memphis   | TN                          | 38117-2902                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 250.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 250.00                      |   |  |

|   |   |                                     |   |  |
|---|---|-------------------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank J. Fertitta, Jr. |                                     | Date of Receipt                         |  |
|   | Mailing Address 10801 W. Charleston Blvd.                             |                                     | M M / D D / Y Y Y Y Y<br>03 / 30 / 2009 |  |
|   | City  | State                               | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01187 |
|   | Las Vegas   | NV                                  | 89135-1709                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b>   |                                     | 5000.00                                 |  |
| Name of Employer<br>Fertitta Enterprises  |   | Occupation<br>Chairman Of The Board |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            |   |  |
|   |   | 5000.00                             |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. John & Delores Fery |                          | Date of Receipt                         |  |
|   | Mailing Address P.O. Box 15407  |                          | M M / D D / Y Y Y Y Y<br>03 / 10 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01188 |
|   | Boise   | ID                       | 83715-5407                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b>       |                          | 1125.00                                 |  |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 1125.00                  |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 6375.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Patricia L. Fiedler

Mailing Address 3425 Valley Creek Circle

City State Zip Code  
Middleton WI 53562-1991

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai01189

Amount of Each Receipt this Period  
220.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Lawrence W. Field

Mailing Address 9884 Carmelita Avenue

City State Zip Code  
Beverly Hills CA 90210-3119

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N.S.B. Associates, Inc. Real Estate

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01190

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Lester D. Findley

Mailing Address 12119 Salt River Valley Lane

City State Zip Code  
Humble TX 77346-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01191

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

820.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Lester D. Findley

Mailing Address 12119 Salt River Valley Lane

City State Zip Code  
Humble TX 77346-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01192

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles V. Finell

Mailing Address 402 W. Carmel Valley Road

City State Zip Code  
Carmel Valley CA 93924-9417

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01193

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Lloyd Fink

Mailing Address P.O. Box 1849

City State Zip Code  
Alamogordo NM 88311-1849

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01194

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard S. Finlayson

Mailing Address 10902 Rocky Trail

City San Antonio State TX Zip Code 78249-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Ut Health Science Ctr. Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01195

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Richard S. Finlayson

Mailing Address 10902 Rocky Trail

City San Antonio State TX Zip Code 78249-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Ut Health Science Ctr. Occupation Dentist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01196

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jerry Finsterwald

Mailing Address 12787 Barnett Drive

City Mount Airy State MD Zip Code 21771-6140

FEC ID number of contributing federal political committee. **C**

Name of Employer Lorch Corporation Occupation Systems Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01197

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bernard Fioravanti  
 Mailing Address 1510 W. 90th St. N  
 City Wagoner State OK Zip Code 74467-8159  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai01198  
 Amount of Each Receipt this Period 400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Fishback  
 Mailing Address 76 Adam Way  
 City Atherton State CA Zip Code 94027-3902  
 Date of Receipt 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai01199  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Demandtect Occupation C.E.O./President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia L. Fisher  
 Mailing Address 10031 N.E. 20Th Avenue  
 City Chiefland State FL Zip Code 32626-2930  
 Date of Receipt 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai01200  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 407 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shirley M. Fisher

Mailing Address 3171 W. Pasa Tiempo Avenue

City State Zip Code  
Fresno CA 93711-0242

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01201

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Walter W. Fisher

Mailing Address 355 Pine Ridge Drive

City State Zip Code  
Bloomfield Hills MI 48083

FEC ID number of contributing federal political committee. **C**

Name of Employer Nub's Nob Inc Occupation Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01202

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Laurel Fitzgerald

Mailing Address 7131 Valburn Drive

City State Zip Code  
Austin TX 78731-1432

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01203

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 408 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William & Theresa Fitzgerald  
 Mailing Address 7610 Misty Woods Court  
 City Morrow State OH Zip Code 45152-1608  
 Date of Receipt MM / DD / YYYY 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01204  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

**B.** Full Name (Last, First, Middle Initial)  
William & Theresa Fitzgerald  
 Mailing Address 7610 Misty Woods Court  
 City Morrow State OH Zip Code 45152-1608  
 Date of Receipt MM / DD / YYYY 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01205  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Benjamin Fitzpatrick  
 Mailing Address P.O. Box 817  
 City Niwot State CO Zip Code 80544-0817  
 Date of Receipt MM / DD / YYYY 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai01206  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James D. Fitzpatrick

Mailing Address 110 W. Fayette Street  
Bond Law Firm

City State Zip Code  
Syracuse NY 13202-1324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bond Schoeneck & King Lawyer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01207

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Flaherty

Mailing Address 189 Apache Way

City State Zip Code  
Tewksbury MA 01876-4519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01208

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Flaherty

Mailing Address 189 Apache Way

City State Zip Code  
Tewksbury MA 01876-4519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01209

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

260.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 410 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Terrence D. Flanagan

Mailing Address 3166 Ariana Drive

City State Zip Code  
Oakton VA 22124-1847

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Abbott Medical

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai01210

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James Flaum

Mailing Address P.O. Box 3117

City State Zip Code  
Vail CO 81658-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01211

Amount of Each Receipt this Period  
375.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Maryann Flego

Mailing Address 23 Collura Lane

City State Zip Code  
Clifton NJ 07012-1660

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advogent Client Service Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01212

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

625.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 411 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward Fleming

Mailing Address 3015 Aqua Vista Lane  
Apartment 121

City State Zip Code  
Saint Augustine FL 32084-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai01213

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Edward Fleming

Mailing Address 3015 Aqua Vista Lane  
Apartment 121

City State Zip Code  
Saint Augustine FL 32084-1262

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01214

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lewis M. Fleming

Mailing Address 702 W. Main Street

City State Zip Code  
Honey Grove TX 75446-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01215

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **205.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 412 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Peter D. Fleming     |                             | Date of Receipt   |
|   | Mailing Address 1022 Route 211 W.                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 26 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Middletown  | NY                          | 10940-7637  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai01216  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>100.00  |
|   |   | <input type="text"/> 510.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Peter D. Fleming     |                             | Date of Receipt   |
|   | Mailing Address 1022 Route 211 W.                                   |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 26 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Middletown  | NY                          | 10940-7637  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai01217  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>100.00  |
|   |   | <input type="text"/> 510.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Darryl L. Flinn      |                             | Date of Receipt   |
|   | Mailing Address 7997 Surbey Avenue N.W.                             |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 12 / 2009 |
|   | City  | State                       | Zip Code  |
|   | North Canton  | OH                          | 44720-8351  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai01218  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>250.00  |
|   |   | <input type="text"/> 500.00 |   |

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 413 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Debra S. Flinger

Mailing Address 516 Old Farm Road

City State Zip Code  
Pittsburgh PA 15234-2420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tristate Capital Bank Banking

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01219

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Debra S. Flinger

Mailing Address 516 Old Farm Road

City State Zip Code  
Pittsburgh PA 15234-2420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tristate Capital Bank Banking

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01220

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Norris E. Flodine

Mailing Address 180 Country Grace S.

City State Zip Code  
New Braunfels TX 78130-8959

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01221

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 414 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Cheryl L Flohr   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 4208 Morning Star Dr   | <b>Transaction ID:</b> 2009M04L11ai01222            |
|           | City State Zip Code<br>Castle Rock CO 80108-9022   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Mark B. Florian  | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address 378 Brookside Road  | <b>Transaction ID:</b> 2009M04L11ai01223            |
|           | City State Zip Code<br>Darien CT 06820-2205   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. James Flowers  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 138 Club Way  | <b>Transaction ID:</b> 2009M04L11ai01224            |
|           | City State Zip Code<br>Enterprise AL 36330-8312   | Amount of Each Receipt this Period<br>375.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>375.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1625.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. John Floyd

Mailing Address 21 Lemon Hill Drive

City State Zip Code  
Oroville CA 95966-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self/Retired Occupation  
General Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01225

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. John Floyd

Mailing Address 21 Lemon Hill Drive

City State Zip Code  
Oroville CA 95966-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self/Retired Occupation  
General Surgeon

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01226

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth A. Floyd

Mailing Address 52 Thunder Ridge

City State Zip Code  
Boerne TX 78006-8106

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01227

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

450.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 416 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James T. Flythe

Mailing Address 4741 Windcross Drive

City State Zip Code  
Raleigh NC 27614-8719

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01228

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Fogel

Mailing Address 312 Lake Shore Drive

City State Zip Code  
Lindenhurst IL 60046-8834

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Fogel Consulting Healthcare Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01229

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Claris Fogle

Mailing Address 135 Darby Street

City State Zip Code  
Crescent City CA 95531-9168

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01230

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

975.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 417 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Neil Fogle

Mailing Address 17219 Glen Oaks Dr

City State Zip Code  
Conroe TX 77385-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Water Utility

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01231

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Blair Fontenot

Mailing Address 1350 West Gum St.

City State Zip Code  
Eunice LA 70535-4316

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Drilling Products & Ser. Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01232

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Terry L. Footer

Mailing Address P.O. Box 1713

City State Zip Code  
Rancho Santa Fe CA 92067-1713

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01233

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 418 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lynn Forbes

Mailing Address 14800 I.L. Highway 49

City Brocton State IL Zip Code 61917

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai01234

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. William Forbes

Mailing Address P.O. Box 309

City Evans Mills State NY Zip Code 13637-0309

FEC ID number of contributing federal political committee. **C**

Name of Employer Hospice of Jefferson Co. Occupation Thanatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai01235

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dennis A. Forchione

Mailing Address 1 Corporation Center

City Cleveland State OH Zip Code 44147-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai01236

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 419 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis A. Forchione

Mailing Address 1 Corporation Center

City State Zip Code  
Cleveland OH 44147-3265

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01237

Amount of Each Receipt this Period

|        |
|--------|
| 500.00 |
|--------|

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Allen H. Ford

Mailing Address 1890 East 107th Street  
Apartment 905

City State Zip Code  
Cleveland OH 44106-2252

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01238

Amount of Each Receipt this Period

|         |
|---------|
| 5000.00 |
|---------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles H. Ford

Mailing Address 38 Duxbury Road

City State Zip Code  
Newton Centre MA 02459-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01239

Amount of Each Receipt this Period

|        |
|--------|
| 100.00 |
|--------|

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

|         |
|---------|
| 5600.00 |
|---------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 420 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank H. Ford, Jr.

Mailing Address 1015 Ontario Street

City State Zip Code  
**Shreveport LA 71106-1411**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai01240**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James S. Ford

Mailing Address 5585 Center Street  
Tara H. Ford

City State Zip Code  
**Jupiter FL 33458-3941**

FEC ID number of contributing federal political committee. **C**

Name of Employer Palm Beach Cast Stone, Inc. Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 11 / 2009**

**Transaction ID: 2009M04L11ai01241**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Linda Knickerbocker Ford

Mailing Address 3050 Ivy Road

City State Zip Code  
**Charlottesville VA 22903-9302**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai01242**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 421 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tim P. Ford

Mailing Address S.K.17A.A. Lake Cherokee

City Henderson State TX Zip Code 75652

FEC ID number of contributing federal political committee. **C**

Name of Employer Monsanto Company Occupation Sales Representative

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 0 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01243

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tim P. Ford

Mailing Address S.K.17A.A. Lake Cherokee

City Henderson State TX Zip Code 75652

FEC ID number of contributing federal political committee. **C**

Name of Employer Monsanto Company Occupation Sales Representative

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01244

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jane A. Fore

Mailing Address 2941 Dove Place

City Clarkston State WA Zip Code 99403-1461

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 3 / 3 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01245

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 422 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Milton Fore

Mailing Address 7440 E. 46Th Place

City State Zip Code  
Tulsa OK 74145-6306

FEC ID number of contributing federal political committee. **C**

Name of Employer Flow-Quip, Inc. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01246

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen B Forsey

Mailing Address 3650 S. Yosemite St.  
Suite 408

City State Zip Code  
Denver CO 80237-1838

FEC ID number of contributing federal political committee. **C**

Name of Employer Sales Management Group, Inc. Occupation Small Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01247

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Mike S. Fortney

Mailing Address 6309 Serene Circle

City State Zip Code  
Bismarck ND 58503-9196

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Dakota Radiologists Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01248

Amount of Each Receipt this Period  
495.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **845.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 423 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ronald Foss  
 Mailing Address 5108 Phoenix East Court  
 City State Zip Code  
 Fair Oaks CA 95628  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai01249  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. Army Ret.  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mrs. Jeanette Fossati  
 Mailing Address 121 E. Hudson Avenue  
 City State Zip Code  
 Englewood NJ 07631-1940  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01250  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. James B. Fossett  
 Mailing Address 1579 Van Buren Road  
 City State Zip Code  
 Barnesville GA 30204-3141  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01251  
 Amount of Each Receipt this Period  
 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 424 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Foster

Mailing Address 9153 N.W. Fullner Court

City State Zip Code  
Portland OR 97229-8465

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01252

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Paul L. Foster

Mailing Address 123 W. Mills

City State Zip Code  
El Paso TX 79901

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Refining Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01253

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William & Cindy Foster

Mailing Address P.O. Box 301

City State Zip Code  
East Helena MT 59635-0301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01254

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2305.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 425 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Susan L. Fotiadis  
 Mailing Address 4106 7Th Street  
 City East Moline State IL Zip Code 61244-3511  
 Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai01255  
 Amount of Each Receipt this Period   
 FEC ID number of contributing federal political committee.   
 Name of Employer Specialty Hospital Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

**B.** Full Name (Last, First, Middle Initial)  
 Mr. James B. Foulk  
 Mailing Address 3643 Harmony Church Road  
 City Havre De Grace State MD Zip Code 21078-1015  
 Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai01256  
 Amount of Each Receipt this Period   
 FEC ID number of contributing federal political committee.   
 Name of Employer Requested Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

**C.** Full Name (Last, First, Middle Initial)  
 Mrs. Vivian G. Fountain  
 Mailing Address 10675 Bellagio Road  
 City Los Angeles State CA Zip Code 90077-3728  
 Date of Receipt  /  /   
**Transaction ID:** 2009M04L11ai01257  
 Amount of Each Receipt this Period   
 FEC ID number of contributing federal political committee.   
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

**SUBTOTAL** of Receipts This Page (optional) .....   
**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 426 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Kevin Fournier               | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 6684 E Cactus Wren Rd                                       | <b>Transaction ID:</b> 2009M04L11ai01258            |
|   | City State Zip Code<br>Paradise Valley AZ 85253-4357                        | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>      |   |
|   | Name of Employer Occupation<br>Freelife International President & Cofounder |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Billy D. Fouty          | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 8533 E. Boxthorn Street                                | <b>Transaction ID:</b> 2009M04L11ai01259            |
|   | City State Zip Code<br>Wichita KS 67226-1909                           | Amount of Each Receipt this Period<br>145.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Retired Retired                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>290.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Beth Fox               | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address P.O. Box 608   | <b>Transaction ID:</b> 2009M04L11ai01260            |
|   | City State Zip Code<br>Stevensville MT 59870-0608                      | Amount of Each Receipt this Period<br>220.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Requested Requested                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>665.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 427 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Sean Foy   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
| Mailing Address 125 Inland Lane North<br>615 1st Avenue NE  |                                 | Transaction ID: 2009M04L11ai01261                   |
| City<br>Minneapolis   | State Zip Code<br>MN 55447-3596 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Linnihan Foy Advertising  | Occupation<br>Sales             | Aggregate Year-to-Date<br>250.00                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mrs. Janelle Francis   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
| Mailing Address P.O. Box 19889  |                                 | Transaction ID: 2009M04L11ai01262                   |
| City<br>Houston   | State Zip Code<br>TX 77224-9889 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>750.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired           | Aggregate Year-to-Date<br>750.00                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Tammy M. Francis   |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
| Mailing Address P.O. Box 754  |                                 | Transaction ID: 2009M04L11ai01263                   |
| City<br>Newport   | State Zip Code<br>TN 37822-0754 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>245.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Self-Employed     | Aggregate Year-to-Date<br>245.00                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1245.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 428 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. George C. Francisco, III

Mailing Address 2210 Avalon Place

City State Zip Code  
Houston TX 77019-6408

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01264

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas J. Francomano

Mailing Address 254 Church Street Suite 1

City State Zip Code  
Saratoga Springs NY 12866-1076

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01265

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. George Frank

Mailing Address P.O. Box 20878

City State Zip Code  
Billings MT 59104-0878

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01266

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 429 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Major Gene Joseph P. Franklin

Mailing Address 1559 22Nd Street N.

City State Zip Code  
Arlington VA 22209-1131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
F. Electronics, Inc. Chief Executive Of Operations

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01267

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Martha C. Fransson

Mailing Address 11 Dodge Drive

City State Zip Code  
West Hartford CT 06107-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01268

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Martha C. Fransson

Mailing Address 11 Dodge Drive

City State Zip Code  
West Hartford CT 06107-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01269

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 430 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John P. Franz

Mailing Address 6303 Brocketts Crossing

City State Zip Code  
Alexandria VA 22315-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai01270

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Frazier

Mailing Address 4114 State Highway 206

City State Zip Code  
Bainbridge NY 13733-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01271

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Frazier

Mailing Address 4114 State Highway 206

City State Zip Code  
Bainbridge NY 13733-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01272

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 431 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Fredette

Mailing Address 305 Forliview Road

City State Zip Code  
Glenshaw PA 15116-1823

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01273

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth Freeland

Mailing Address 1785 Wisteria Drive

City State Zip Code  
Chambersburg PA 17202-3009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01274

Amount of Each Receipt this Period  
5.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew Freeman

Mailing Address 4600 Chevy Chase Blvd.

City State Zip Code  
Chevy Chase MD 20815-5301

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01275

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **525.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 432 / 1940              |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew Freeman

Mailing Address 4600 Chevy Chase Blvd.

City State Zip Code  
Chevy Chase MD 20815-5301

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01276

Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Charles Freeman

Mailing Address P.O. Box 320

City State Zip Code  
Crystal City MO 63019-0320

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01277

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Freeman

Mailing Address 5015 Fairways Circle  
Apartment 207

City State Zip Code  
Vero Beach FL 32967-1842

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01278

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **660.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 433 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Peter French

Mailing Address 95 America Way

City State Zip Code  
Jamestown RI 02835-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01279

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert P.L. Frick

Mailing Address 2141 Huntington Street

City State Zip Code  
Bethlehem PA 18017-4936

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01280

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Leon Frid

Mailing Address 17603 Woods Edge Drive

City State Zip Code  
Dallas TX 75287-7547

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01281

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

770.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 434 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanmarie N. Friebus

Mailing Address 143 Timbercreek Drive E.

City Yorkville State IL Zip Code 60560-9426

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai01282  
Amount of Each Receipt this Period: 225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Herbert Friedman

Mailing Address 364 W. 4Th Street

City Chillicothe State OH Zip Code 45601-3040

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01283  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rayenell Friend

Mailing Address 248 Collett Road

City Waynesville State OH Zip Code 45068-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai01284  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 435 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William L. Friend

Mailing Address 1311 Ballantrae Farm Drive

City State Zip Code  
McLean VA 22101-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bechtel Chemical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01285

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Frink

Mailing Address 15816 Echo Hill Drive

City State Zip Code  
Fountain Hills AZ 85268-3906

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01286

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mike Frisbie

Mailing Address 7793 East Highway #4

City State Zip Code  
Gypsum KS 67448

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Frisbie Construction Company, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01287

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2850.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 436 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. E. Eilline Fritzberg

Mailing Address Po Ox 257

City State Zip Code  
**Boardman OR 97818**

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai01288**

Amount of Each Receipt this Period  
**2300.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Harold & Sandra Fromm

Mailing Address 314 N. Berry Pine Road

City State Zip Code  
**Rapid City SD 57702-1859**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai01289**

Amount of Each Receipt this Period  
**550.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Marguerite Froscher

Mailing Address 3892 Wilder Blvd.

City State Zip Code  
**Fernandina Beach FL 32034-7350**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai01290**

Amount of Each Receipt this Period  
**1000.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 437 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Marcusq Frost

Mailing Address P.O. Box 271  
Frost Crushed Stone Co Inc

City State Zip Code  
Mexia TX 76667-0271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Frost Crushed Stone G. In- Rock Crushing  
c.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01291

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Julia Fry

Mailing Address 998 21 1/2 Road

City State Zip Code  
Grand Junction CO 81505-9302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01292

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry C. Fucik

Mailing Address 8290 S.W. 58Th Street

City State Zip Code  
Miami FL 33143-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01293

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 438 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Henry C. Fucik

Mailing Address 8290 S.W. 58Th Street

City State Zip Code  
Miami FL 33143-1502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01294

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Fulk

Mailing Address P.O. Box 669

City State Zip Code  
Jamestown NC 27282-0669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01295

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ralph S. Fulk

Mailing Address 5525 Adamstown Rd.

City State Zip Code  
Adamstown MD 21710-9620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01296

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 439 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Stefanie Fuller

Mailing Address 8752 Pine Barrens Dr

City State Zip Code  
Orlando FL 32817-1333

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01297

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Tommy Lynn Fulton

Mailing Address 3103 W. Oakellar Avenue

City State Zip Code  
Tampa FL 33611-2917

FEC ID number of contributing federal political committee. **C**

Name of Employer The Group Occupation Civil Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01298

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Funk

Mailing Address P.O. Box 98

City State Zip Code  
Sewickley PA 15143-0098

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01299

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 440 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Furek

Mailing Address 1370 Cutler Court

City State Zip Code  
**Marco Island FL 34145-5841**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 30 / 2009**

**Transaction ID: 2009M04L11ai01300**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
John Fust, Jr.

Mailing Address 40221 Featherbed Lane

City State Zip Code  
**Lovettsville VA 20180-3528**

FEC ID number of contributing federal political committee. **C**

Name of Employer Us Army Occupation Colonel Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 06 / 2009**

**Transaction ID: 2009M04L11ai01301**

Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Anthony Gable

Mailing Address 320 W Illinois St #611

City State Zip Code  
**Chicago IL 60654-7823**

FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Hecht Harrison Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 02 / 2009**

**Transaction ID: 2009M04L11ai01302**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 441 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David A. Galliher

Mailing Address P.O. Box 514

City State Zip Code  
Boca Grande FL 33921-0514

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01303

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Glen Galloway

Mailing Address 744 N. Oaklawn Avenue

City State Zip Code  
Elmhurst IL 60126-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01304

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John F. Gamba

Mailing Address 6518 Highcroft Drive

City State Zip Code  
Naples FL 34119-8420

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01305

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 442 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John F. Gamba

Mailing Address 6518 Highcroft Drive

City State Zip Code  
Naples FL 34119-8420

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01306

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward A. Gamble

Mailing Address 6090 Leeds Manor Road

City State Zip Code  
Hume VA 22639-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01307

Amount of Each Receipt this Period  
375.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Matthew M. Gambs

Mailing Address 2537 Sutton Lane

City State Zip Code  
Aurora IL 60502-9461

FEC ID number of contributing federal political committee. **C**

Name of Employer Bloomingdale Bank & Trust Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01308

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **675.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 443 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Tom Gammon           | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 3100 Mcherson Rd                                | <b>Transaction ID:</b> 2009M04L11ai01309            |
|   | City State Zip Code<br>Roswell GA 30075                         | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Americom Broker                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                             |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William D. Gander | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 5240 S.E. 82Nd Avenue                            | <b>Transaction ID:</b> 2009M04L11ai01310            |
|   | City State Zip Code<br>Portland OR 97266-4804                    | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C  |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                              |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert T. Gannett | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|   | Mailing Address P.O. Box 517                                     | <b>Transaction ID:</b> 2009M04L11ai01311            |
|   | City State Zip Code<br>Brattleboro VT 05302-0517                 | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C  |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                              |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 444 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                      |   |   |  |
|---|---|----------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Nelda Gant       |                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |   |  |
|   | Mailing Address 2766 Quail Hollow Road W.                       |                      | <b>Transaction ID:</b> 2009M04L11ai01312            |   |  |
|   | City<br>Clearwater  | State<br>FL          | Zip Code<br>33761-3216                              | Amount of Each Receipt this Period<br>55.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                      |   |   |  |
|   | Name of Employer Requested                                      | Occupation Requested | Aggregate Year-to-Date<br>220.00                    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                      |   |   |  |

|   |   |                      |   |  |  |
|---|---|----------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Nelda Gant       |                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 2766 Quail Hollow Road W.                       |                      | <b>Transaction ID:</b> 2009M04L11ai01313            |  |  |
|   | City<br>Clearwater  | State<br>FL          | Zip Code<br>33761-3216                              | Amount of Each Receipt this Period<br>110.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                      |   |  |  |
|   | Name of Employer Requested                                      | Occupation Requested | Aggregate Year-to-Date<br>220.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                      |   |  |  |

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dale Garaux          |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |  |  |
|   | Mailing Address Cmr 402 Box 84                                  |  | <b>Transaction ID:</b> 2009M04L11ai01314            |  |  |
|   | City<br>Apo   | State<br>AE                                | Zip Code<br>09180-0084                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |  |   |  |  |
|   | Name of Employer Requested<br>Us Army                           | Occupation Requested<br>Pacs Administrator | Aggregate Year-to-Date<br>300.00                    |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 265.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 445 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John M. Garber

Mailing Address 1514 Augusta Drive

City State Zip Code  
Ada OK 74820-8575

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01315

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory Garcia

Mailing Address 13405 Walnutwood

City State Zip Code  
Germantown MD 20874-1025

FEC ID number of contributing federal political committee. **C**

Name of Employer Wrair Occupation Research Scientist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01316

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Howard W. Gardner

Mailing Address P.O. Box 217

City State Zip Code  
Cutten CA 95534-0217

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01317

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 446 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. James Richard Gardner |                                    | Date of Receipt   |
|   | Mailing Address P.O. Box 765   |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City   | State                              | Zip Code  |
|   | Boalsburg  | PA                                 | 16827-0765  |
|   | FEC ID number of contributing federal political committee.           |                                    | Transaction ID: 2009M04L11ai01318   |
|   |  | Amount of Each Receipt this Period | <input type="text"/> 300.00   |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           | <input type="text"/> 300.00   |

|   |  |  |   |
|---|--|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ralph D Gardner |  | Date of Receipt   |
|   | Mailing Address 5410 Heyward Square Place                      |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City   | State                                  | Zip Code  |
|   | Marietta   | GA                                     | 30068   |
|   | FEC ID number of contributing federal political committee.     |  | Transaction ID: 2009M04L11ai01319   |
|   |  | Amount of Each Receipt this Period     | <input type="text"/> 1000.00  |
| Name of Employer<br>Gardner Metal System Inc.   |  | Occupation<br>Co-Owner & Vp Operations |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼               | <input type="text"/> 1000.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Beth Ann Garner |                                    | Date of Receipt   |
|   | Mailing Address 14914 Almondell Drive                           |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 25 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Huntersville  | NC                                 | 28078-2223  |
|   | FEC ID number of contributing federal political committee.      |                                    | Transaction ID: 2009M04L11ai01320   |
|   |   | Amount of Each Receipt this Period | <input type="text"/> 125.00   |
| Name of Employer<br>Meck Co. Health Dept.   |   | Occupation<br>Public Health Nurse  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼           | <input type="text"/> 375.00   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1425.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 447 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Beth Ann Garner

Mailing Address 14914 Almondell Drive

City State Zip Code  
Huntersville NC 28078-2223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Meck Co. Health Dept. Public Health Nurse

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01321

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Phil Garnto

Mailing Address 413 Hillcrest Drive

City State Zip Code  
Waterloo IL 62298-1713

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 266.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01322

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dave Garside

Mailing Address 6485 Bybee Drive

City State Zip Code  
Ogden UT 84403-5489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jefco Inc. Sales/Business Owner

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01323

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 448 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert W. Garthwait, Sr. | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address P.O. Box 1367   | <b>Transaction ID:</b> 2009M04L11ai01324            |
|   | City State Zip Code<br>Waterbury CT 06721-1367                          | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C         |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                      |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Garvens        | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 2167 South 80Th Street<br>Apartment 2              | <b>Transaction ID:</b> 2009M04L11ai01325            |
|   | City State Zip Code<br>Milwaukee WI 53219-1067                     | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br>C    |   |
|   | Name of Employer Occupation<br>Aurora Health Care Registered Nurse |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                 |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Garvens        | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|   | Mailing Address 2167 South 80Th Street<br>Apartment 2              | <b>Transaction ID:</b> 2009M04L11ai01326            |
|   | City State Zip Code<br>Milwaukee WI 53219-1067                     | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br>C    |   |
|   | Name of Employer Occupation<br>Aurora Health Care Registered Nurse |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 449 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Paula S. Gates   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|   | Mailing Address 8456 Stockton Place                             |                                    | <b>Transaction ID:</b> 2009M04L11ai01327            |  |  |
|   | City<br>Germantown  | State<br>TN                        | Zip Code<br>38139-4327                              | Amount of Each Receipt this Period<br>330.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Southern Land Company                       | Occupation<br>Office Manager       |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>330.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Russell D. Gates |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |  |  |
|   | Mailing Address 606 Prospect Avenue                             |                                    | <b>Transaction ID:</b> 2009M04L11ai01328            |  |  |
|   | City<br>Oakland   | State<br>CA                        | Zip Code<br>94610-3719                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Metalco                                     | Occupation<br>Anodizer             |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Lee Gatzke       |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |  |  |
|   | Mailing Address R.R. 1 Box 9-A                                  |                                    | <b>Transaction ID:</b> 2009M04L11ai01329            |  |  |
|   | City<br>Tulare  | State<br>SD                        | Zip Code<br>57476                                   | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                               | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1080.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 450 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. J. Patrick Gavaghan

Mailing Address 2530 Glenwood Avenue

City Raleigh State NC Zip Code 27608-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer: Keystone Corporation Occupation: Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai01330  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald L. Gavello

Mailing Address 695 Towne Street

City Grants Pass State OR Zip Code 97527-5655

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired Occupation: Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01331  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Gavin

Mailing Address 2780 Shannon Road

City Northbrook State IL Zip Code 60062-4443

FEC ID number of contributing federal political committee. **C**

Name of Employer: Prt Occupation: Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01332  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 451 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick W. Geissinger

Mailing Address 601 N.W. 2Nd Street

City State Zip Code  
Evansville IN 47708-1013

FEC ID number of contributing federal political committee. **C**

Name of Employer American General Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01333

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Paul H. Geithner

Mailing Address 4290 Highlands Bridge Road

City State Zip Code  
Sarasota FL 34235-6862

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01334

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Paul H. Geithner

Mailing Address 4290 Highlands Bridge Road

City State Zip Code  
Sarasota FL 34235-6862

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01335

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **335.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 452 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Harvey Gelman  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 150 38Th B. Union Turnpike<br>Apartment 4-0  | <b>Transaction ID:</b> 2009M04L11ai01336            |
|           | City Flushing State NY Zip Code 11367  | Amount of Each Receipt this Period<br>220.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>220.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. & Mrs. Kenneth M. Gelman  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 3745 N.W. 89Th Terrace   | <b>Transaction ID:</b> 2009M04L11ai01337            |
|           | City Hollywood State FL Zip Code 33024-8723  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Mark Gengozian  | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|           | Mailing Address 3292 S. Forest Street  | <b>Transaction ID:</b> 2009M04L11ai01338            |
|           | City Denver State CO Zip Code 80222-7554   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>770.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 453 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ralph P. Genovese

Mailing Address 2085 Cornell Avenue

City State Zip Code  
Melrose Park IL 60160-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lake Book Manufacturing, Inc. Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01339

Amount of Each Receipt this Period  
450.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Corey Genteel

Mailing Address 1359 Ridge Road

City State Zip Code  
Bangor PA 18013-5426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pocono Emergency Physicians Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01340

Amount of Each Receipt this Period  
130.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. Alfred George

Mailing Address 4337 Valleyside Drive N.E.

City State Zip Code  
Grand Rapids MI 49525-9688

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01341

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **680.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 454 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Ipe George

Mailing Address 75 Golf Lane

City State Zip Code  
Ridgefield CT 06877-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01342

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jason Geralds

Mailing Address 468 Upton Rd.

City State Zip Code  
Upton KY 42784-9720

FEC ID number of contributing federal political committee. **C**

Name of Employer Csx Transportation Occupation Signal Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01343

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. C. H. Coster Gerard

Mailing Address 515 Madison Avenue  
Floor 32

City State Zip Code  
New York NY 10022-5417

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01344

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1325.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 455 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Milton F. Gerber

Mailing Address 25331 E. 2600Th Street

City State Zip Code  
Prophetstown IL 61277-8892

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01345

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Ivan Gerhath

Mailing Address P.O. Box 3640

City State Zip Code  
Los Altos CA 94024-0640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01346

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Roger Getz

Mailing Address 8 Snyder Hill Road

City State Zip Code  
Lititz PA 17543-8935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01347

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 456 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Fred J. Giaconia     |                          | Date of Receipt                       |  |
|   | Mailing Address 754 Silk Oak Drive                                  |                          | M M / D D / Y Y Y Y<br>03 / 31 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai01348 |
|   | Venice  | FL                       | 34293-7281                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 220.00                                |  |
| Name of Employer Requested  |   | Occupation Requested     |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 220.00                   |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles H. Gibbons   |                          | Date of Receipt                       |  |
|   | Mailing Address 2383 Carolina Court                                 |                          | M M / D D / Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai01349 |
|   | Mobile  | AL                       | 36695-4944                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 100.00                                |  |
| Name of Employer Retired  |   | Occupation Retired       |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 300.00                   |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Hallie H. Gibbs      |                          | Date of Receipt                       |  |
|   | Mailing Address 617 S. Eagle Trace                                  |                          | M M / D D / Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai01350 |
|   | Jefferson City  | MO                       | 65109-4535                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 1000.00                               |  |
| Name of Employer Retired  |   | Occupation Retired       |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 1000.00                  |                                       |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1320.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 457 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William I. Gibbs

Mailing Address 5850 N. Five Mile Road  
Apartment 152

City Boise State ID Zip Code 83713-3763

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01351  
Amount of Each Receipt this Period 120.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald H. Gibson

Mailing Address P. O. Box 157

City Brawley State CA Zip Code 92227-0157

FEC ID number of contributing federal political committee. **C**

Name of Employer Gibson Schaefer Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 348.00

Date of Receipt 03 / 18 / 2009  
Transaction ID: 2009M04L11ai01352  
Amount of Each Receipt this Period 198.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Gibson

Mailing Address 34022 N. 85Th Street

City Scottsdale State AZ Zip Code 85266-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 04 / 2009  
Transaction ID: 2009M04L11ai01353  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 568.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 458 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward Gibson

Mailing Address 34022 N. 85Th Street

City State Zip Code  
Scottsdale AZ 85266-1345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01354

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Gibson

Mailing Address 3011 Bransford Road

City State Zip Code  
Augusta GA 30909-3090

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hull Storey Retail Group Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01355

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Gibson

Mailing Address 1 Roebling Way Suite 1901

City State Zip Code  
Covington KY 41011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Scanner Applications Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01356

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **490.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 459 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William J. Gidley   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 2210 S.W. Roxbury  | <b>Transaction ID:</b> 2009M04L11ai01357            |
|           | City State Zip Code<br>Portland OR 97225-5143  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Ret. Occupation Ret.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Richard G. Gieser   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 504 E. Forest Avenue   | <b>Transaction ID:</b> 2009M04L11ai01358            |
|           | City State Zip Code<br>Wheaton IL 60187-3836   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Ret. Occupation Ret.<br>Wheaton Eye Clinic Physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Lawrence R. Giglio  | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | Mailing Address 16875 Kehrsdale Dr.  | <b>Transaction ID:</b> 2009M04L11ai01359            |
|           | City State Zip Code<br>Chesterfield MO 63005-6531  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Ret. Occupation Ret.<br>Grayban Senior Vice President Operations<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>950.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 460 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Warren A. Gilbert, Jr.

Mailing Address 5 Kingsgate Court

City State Zip Code  
Dallas TX 75225-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01360

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leo E. Gilcher

Mailing Address 12315 Burgess Avenue  
Apartment 247

City State Zip Code  
Whittier CA 90604-3060

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01361

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Gilgut

Mailing Address P.O. Box 7266

City State Zip Code  
Ocean Park ME 04063-7266

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01362

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 461 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Alan D. Gillan

Mailing Address 3556 W 62nd Avenue

City State Zip Code  
Denver CO 80221-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01363

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill D. Gillentine

Mailing Address 5755 Fm 390 Road E.

City State Zip Code  
Brenham TX 77833-8281

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01364

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William J. Gillespie

Mailing Address 130 Irvine Cove Place

City State Zip Code  
Laguna Beach CA 92651-1042

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01365

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 462 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John R. Gillis

Mailing Address 2303 Nelson Road

City Bozeman State MT Zip Code 59718-8741

FEC ID number of contributing federal political committee. **C**

Name of Employer S.G.M. Bio-Tech Occupation Business Manager/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01366  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Geraldine M. Gilmartin

Mailing Address 8 Barney Park

City Irvington State NY Zip Code 10533-1601

FEC ID number of contributing federal political committee. **C**

Name of Employer RDC Center Occupation Family Counselor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai01367  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Chieko N. Gilmer

Mailing Address 12303 E. Villanova Drive

City Aurora State CO Zip Code 80014-1905

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01368  
Amount of Each Receipt this Period: 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1285.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 463 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harold Gilmore

Mailing Address 3665 S. County Road 300 E.

City State Zip Code  
Liberty IN 47353-9332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01369

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Reed & Priscilla Gilmore

Mailing Address 330 S. 89th Ct.

City State Zip Code  
omaha NE 68114-4069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai01370

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard J. Giolando

Mailing Address 353 S. Berkeley Avenue

City State Zip Code  
Pasadena CA 91107-5061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01371

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 464 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Geatano P. Giordano

Mailing Address 712 Kimberly Drive

City State Zip Code  
Moorestown NJ 08057-4407

FEC ID number of contributing federal political committee. **C**

Name of Employer Vincent Giordano Occupation Corporate Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01372

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter L. Girardin

Mailing Address 693 Hickory Road

City State Zip Code  
Naples FL 34108-2638

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01373

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. C. Joe Giroir

Mailing Address 1250 Sawmill Road S.

City State Zip Code  
Quitman AR 72131-9522

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01374

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 465 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Earl E. Gjelde

Mailing Address 790 Rose Acres Ct

City Loveland State CO Zip Code 80537-9376

FEC ID number of contributing federal political committee. **C**

Name of Employer Spgi Occupation Ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai01375  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Earl E. Gjelde

Mailing Address 790 Rose Acres Ct

City Loveland State CO Zip Code 80537-9376

FEC ID number of contributing federal political committee. **C**

Name of Employer Spgi Occupation Ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai01376  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David M. Glagovsky

Mailing Address 4501 31St Street S.  
Apt. 204

City Arlington State VA Zip Code 22206-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 03 / 18 / 2009  
**Transaction ID:** 2009M04L11ai01377  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 770.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 466 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David M. Glagovsky

Mailing Address 4501 31st Street S.  
Apt. 204

City Arlington State VA Zip Code 22206-4900

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 18 / 2009  
Transaction ID: 2009M04L11ai01378  
Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick W. Glass

Mailing Address 2601 Silverton Dr

City Las Vegas State NV Zip Code 89134-8835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai01379  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick W. Glass

Mailing Address 2601 Silverton Dr

City Las Vegas State NV Zip Code 89134-8835

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai01380  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 420.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 467 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wendell R. Glassco  
Mailing Address 1750 Bohannon Road

City State Zip Code  
Boaz AL 35957-3705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai01381

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Abraham S. Glauberman  
Mailing Address 802 Enterprise St

City State Zip Code  
Cape Girardeau MO 63703

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01382

Amount of Each Receipt this Period  
275.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Ann Glendinning  
Mailing Address 318 South Beach Road

City State Zip Code  
Hobe Sound FL 33455-2605

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01383

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3275.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 468 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wadley Raoul Glenn

Mailing Address 2041 Cleveland Street Extension

City Greenville State SC Zip Code 29607-3603

FEC ID number of contributing federal political committee. **C**

Name of Employer Courts, Martin & Associates  
Occupation Real Estate Appraiser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai01384  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Glielmi

Mailing Address 10 De Longis Court

City Sparkill State NY Zip Code 10976-1245

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai01385  
Amount of Each Receipt this Period 120.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Glielmi

Mailing Address 10 De Longis Court

City Sparkill State NY Zip Code 10976-1245

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai01386  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **670.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 469 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert O. Glover

Mailing Address 1967 Batello Drive

City State Zip Code  
Venice FL 34292-4635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 6 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01387

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert O. Glover

Mailing Address 1967 Batello Drive

City State Zip Code  
Venice FL 34292-4635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01388

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Gochee

Mailing Address 13405 322nd Street West

City State Zip Code  
Illinois City IL 61259-9500

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01389

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **640.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 470 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Vera Boyd Godwin  
 Mailing Address 490 Oak View Drive  
 City Vacaville State CA Zip Code 95688-4224  
 Date of Receipt 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai01390  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Daniel L. Goelzer  
 Mailing Address 5941 Searl Terrace  
 City Bethesda State MD Zip Code 20816-2022  
 Date of Receipt 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai01391  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer P.C.A.O.B. Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Col. Edwin S. Goepfer  
 Mailing Address 111 Coventry Lane  
 City Bardstow State KY Zip Code 40004-8733  
 Date of Receipt 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai01392  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 471 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |                          |   |  |  |
|-----------|---|--------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Donald Goeres    |                          | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009   |  |  |
|           | Mailing Address 4201 Gardendale Court                           |                          | <b>Transaction ID:</b> 2009M04L11ai01393  |  |  |
|           | City<br>Riverside   | State<br>CA              | Zip Code<br>92505-3460  | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                          |   |  |  |
|           | Name of Employer<br>Brake Masters                               | Occupation<br>Operations | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
400.00

|           |   |                          |   |  |  |
|-----------|---|--------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Donald Goeres    |                          | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009   |  |  |
|           | Mailing Address 4201 Gardendale Court                           |                          | <b>Transaction ID:</b> 2009M04L11ai01394  |  |  |
|           | City<br>Riverside   | State<br>CA              | Zip Code<br>92505-3460  | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                          |   |  |  |
|           | Name of Employer<br>Brake Masters                               | Occupation<br>Operations | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
400.00

|           |   |                    |   |  |  |
|-----------|---|--------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Marion Gogolak       |                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009   |  |  |
|           | Mailing Address 7040 Pelican Bay Blvd. D401                     |                    | <b>Transaction ID:</b> 2009M04L11ai01395  |  |  |
|           | City<br>Naples  | State<br>FL        | Zip Code<br>34108-5520  | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                    |   |  |  |
|           | Name of Employer<br>None  | Occupation<br>Ret. | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |

Aggregate Year-to-Date ▼  
250.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 472 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Goldenberg  | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 3213 Tidal Pool Cove  | <b>Transaction ID:</b> 2009M04L11ai01396            |
|           | City State Zip Code<br>Lake Mary FL 32746-0866  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Goldenberg  | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|           | Mailing Address 3213 Tidal Pool Cove  | <b>Transaction ID:</b> 2009M04L11ai01397            |
|           | City State Zip Code<br>Lake Mary FL 32746-0866  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>260.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Robert C. Goldsmith  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 209 15Th Street   | <b>Transaction ID:</b> 2009M04L11ai01398            |
|           | City State Zip Code<br>Manhattan Beach CA 90266-4603  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 473 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Marie Golly

Mailing Address 34 Coco Plum Dr

City Marathon State FL Zip Code 33050-4013

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation R.N.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01399  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rex M. Golobic

Mailing Address 211 Puffin Ct.

City Foster City State CA Zip Code 94404-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer Serra Bowl Inc. Occupation Bowling Center Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01400  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Manuel A Gomez

Mailing Address 202 Maplewood Avenue

City Ronceverte State WV Zip Code 24970-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01401  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 474 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John K. Gomillion

Mailing Address 1054 Chateau Drive

City State Zip Code  
Helena AL 35080-3556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Blue Cross / Blue Shield Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01402

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Rev. Marcos J. Gonzalez

Mailing Address 3768 Glenfeliz Blvd.

City State Zip Code  
Los Angeles CA 90039-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Archdiocese Of Los Angeles Catholic Priest

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01403

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Jerry B. Gooch

Mailing Address 6029 Walnut Grove Road  
Suite 401

City State Zip Code  
Memphis TN 38120-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01404

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 475 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Myrl S. Good

Mailing Address 2707 N. Coronado Drive

City State Zip Code  
Roswell NM 88201-3464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01405

Amount of Each Receipt this Period  
30400.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Debra Goodman

Mailing Address 5151 S. Ohio Street

City State Zip Code  
Yorba Linda CA 92886-4180

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Paragon Building Products Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai01406

Amount of Each Receipt this Period  
360.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory L. Goodman

Mailing Address 2903 Harlinsdale Dr.

City State Zip Code  
Rock Hill SC 29732-0213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Carolina Pad Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai01407

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

31060.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 476 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City State Zip Code  
Camp Hill PA 17011-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01408

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City State Zip Code  
Camp Hill PA 17011-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01409

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Sheldon G. Goodrich

Mailing Address 27 Tuscany Court

City State Zip Code  
Camp Hill PA 17011-1029

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01410

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 477 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas B. Goodson

Mailing Address 567 Adams Road

City Fayetteville State GA Zip Code 30214-4110

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01411  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City Chicago State IL Zip Code 60619-9559

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01412  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clarence V. Gordon

Mailing Address 8329 S. Langley Avenue

City Chicago State IL Zip Code 60619-9559

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai01413  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 478 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Gordon  |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
| Mailing Address 420 Colorado Street<br>Apartment 1G   |                                 | Transaction ID: 2009M04L11ai01414                   |
| City<br>Manhattan   | State Zip Code<br>KS 66502-6279 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>60.00         |
| Name of Employer<br>Retired   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>300.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**B.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Gordon  |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
| Mailing Address 420 Colorado Street<br>Apartment 1G   |                                 | Transaction ID: 2009M04L11ai01415                   |
| City<br>Manhattan   | State Zip Code<br>KS 66502-6279 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>60.00         |
| Name of Employer<br>Retired   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>300.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

**C.**

|   |                                 |   |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Gordon  |                                 | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
| Mailing Address 420 Colorado Street<br>Apartment 1G   |                                 | Transaction ID: 2009M04L11ai01416                   |
| City<br>Manhattan   | State Zip Code<br>KS 66502-6279 |   |
| FEC ID number of contributing federal political committee.<br>C   |                                 | Amount of Each Receipt this Period<br>60.00         |
| Name of Employer<br>Retired   | Occupation<br>Retired           | Aggregate Year-to-Date ▼<br>300.00                  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                                 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 180.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 479 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Patricia A. Gorman   |                                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |
| Mailing Address 220 Holly Drive   |                                      | <b>Transaction ID:</b> 2009M04L11ai01417            |
| City<br>Chalfont  | State<br>PA                          | Zip Code<br>18914-2031                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>200.00        |
| Name of Employer<br>Thomson Reuters   | Occupation<br>Production Coordinator |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00   |   |

**B.**

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce M. Gosser  |                                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 6 Bellerosa Court   |                                      | <b>Transaction ID:</b> 2009M04L11ai01418            |
| City<br>Saint Louis   | State<br>MO                          | Zip Code<br>63122-3358                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                      | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Gosser Group  | Occupation<br>Health Care Consultant |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00   |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mrs. Brenda J. Gottlieb  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
| Mailing Address 8801 Hunting Trail  |                                    | <b>Transaction ID:</b> 2009M04L11ai01419            |
| City<br>Indianapolis  | State<br>IN                        | Zip Code<br>46217-4616                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 480 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |                       |   |  |  |
|-----------|---|-----------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Sarah R. Goulard |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |  |  |
|           | Mailing Address P.O. Box 2119                                   |                       | <b>Transaction ID:</b> 2009M04L11ai01420            |  |  |
|           | City<br>Wickburgsland   | State<br>AZ           | Zip Code<br>85358                                   | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                       |   |  |  |
|           | Name of Employer<br>Retired                                     | Occupation<br>Retired | Aggregate Year-to-Date<br>500.00                    |  |  |

|           |   |                            |   |  |  |
|-----------|---|----------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Robert J. Gould, Jr. |                            | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|           | Mailing Address 550 Bilper Avenue<br>Apartment 6515                 |                            | <b>Transaction ID:</b> 2009M04L11ai01421            |  |  |
|           | City<br>Lindenwold  | State<br>NJ                | Zip Code<br>08021-1870                              | Amount of Each Receipt this Period<br>100.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C     |                            |   |  |  |
|           | Name of Employer<br>Catalent Pharma                                 | Occupation<br>Q.A. Auditor | Aggregate Year-to-Date<br>300.00                    |  |  |

|           |   |                       |   |   |  |
|-----------|---|-----------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Robert E. Goyne |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |   |  |
|           | Mailing Address 116 Brookvalley Road                                  |                       | <b>Transaction ID:</b> 2009M04L11ai01422            |   |  |
|           | City<br>Wilmington  | State<br>DE           | Zip Code<br>19807-2004                              | Amount of Each Receipt this Period<br>1000.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C       |                       |   |   |  |
|           | Name of Employer<br>Retired   | Occupation<br>Retired | Aggregate Year-to-Date<br>1000.00                   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 481 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Grable

Mailing Address 201 Main Street  
Suite 2500

City State Zip Code  
Fort Worth TX 76102-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kelly, Hart & Hallman, L.- L.P. Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01423

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John J. Grad

Mailing Address 10282 E. Joy Ranch Rd.

City State Zip Code  
Scottsdale AZ 85262-5107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01424

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry J. Graebner, II

Mailing Address P.O. Box 913

City State Zip Code  
Easley SC 29641-0913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired  
Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01425

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 482 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Henry J. Graebner, II

Mailing Address P.O. Box 913

City State Zip Code  
Easley SC 29641-0913

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01426

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth N. Graham

Mailing Address 807 Asa Gray Drive  
Apartment 202

City State Zip Code  
Ann Arbor MI 48105-3511

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01427

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wallace K. Graham

Mailing Address 14 Frost Road

City State Zip Code  
Northwood NH 03261-4035

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01428

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 483 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William & Patricia Graham

Mailing Address P.O. Box 524

City State Zip Code  
Franklin NC 28744-0524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01429

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Karren Granader-Losh

Mailing Address 305C S. Reeves Drive

City State Zip Code  
Beverly Hills CA 90212-4512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Marina Dentistry R.D.H.

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 220.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01430

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rodolfo G. Granados

Mailing Address 2181 Jamieson Avenue  
Unit 2009

City State Zip Code  
Alexandria VA 22314-5756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01431

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 484 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Frank R. Granara

Mailing Address 95 Shire Road

City State Zip Code  
Norwell MA 02061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G.I.C. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01432

Amount of Each Receipt this Period  
550.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank F. Grandone

Mailing Address 43 Carriage Drive

City State Zip Code  
Tolland CT 06084-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01433

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Abigail F. Grant

Mailing Address 9230 Wister Drive

City State Zip Code  
La Mesa CA 91941-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01434

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 485 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William W. Grant

Mailing Address 545 Race Street

City State Zip Code  
Denver CO 80206-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01435

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John S. Grassi

Mailing Address 3580 Washington St.

City State Zip Code  
San Francisco CA 94118-1849

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01436

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William E. Graves

Mailing Address P.O. Box 950

City State Zip Code  
Seneca IL 61360-0950

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01437

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1425.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 486 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Joan O. Gray

Mailing Address 415 Surrey Lane

City: Bloomsburg      State: PA      Zip Code: 17815-8435

FEC ID number of contributing federal political committee.      **C**

Name of Employer: Retired      Occupation: Retired

Receipt For:      Aggregate Year-to-Date ▼

Primary    General  
 Other (specify) ▼

250.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai01438  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert W. Gray, Jr.

Mailing Address 415 Surrey Lane

City: Bloomsburg      State: PA      Zip Code: 17815-8435

FEC ID number of contributing federal political committee.      **C**

Name of Employer: Retired      Occupation: Retired

Receipt For:      Aggregate Year-to-Date ▼

Primary    General  
 Other (specify) ▼

250.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai01439  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David Graybill

Mailing Address 6309 S. Hunters Run

City: Pendleton      State: IN      Zip Code: 46064-8709

FEC ID number of contributing federal political committee.      **C**

Name of Employer: Self-Employed      Occupation: Self-Employed

Receipt For:      Aggregate Year-to-Date ▼

Primary    General  
 Other (specify) ▼

500.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai01440  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►      1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 487 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard T. Green     |                                    | Date of Receipt   |
|   | Mailing Address 10880 S.W. Davies Road<br>Apartment 1014            |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 16 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Beaverton   | OR                                 | 97008-8014  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai01441  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>210.00 | 105.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Thomas J. Green      |                                    | Date of Receipt   |
|   | Mailing Address 1 Dunwoody Drive                                    |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 12 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Carlisle  | PA                                 | 17015-9565  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai01442  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 | 500.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James S. Greene, III |                                    | Date of Receipt   |
|   | Mailing Address 2476 W. Bayshore Road                               |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 25 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Gulf Breeze   | FL                                 | 32563-2524  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai01443  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 | 500.00  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1105.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 488 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick A. Greenland

Mailing Address 403 Rosedale Court

City State Zip Code  
Capitola CA 95010-2251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced Ingredients, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01444

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Pamela & Scott Greenwood

Mailing Address 1427 Buckwood Drive

City State Zip Code  
Orlando FL 32806-7037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orlando Heart Center M.D.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01445

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lynn Greer

Mailing Address 5137 Boxcroft Place

City State Zip Code  
Nashville TN 37205-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai01446

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **820.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 489 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mina Jean Greer

Mailing Address 9001 E. Eagle Feather Rd.

City Tucson State AZ Zip Code 85749-9255

FEC ID number of contributing federal political committee. **C**

Name of Employer: G and G Construction Company  
Occupation: CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01447  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William T. Greer

Mailing Address 1401 Heritage Road

City Dayton State OH Zip Code 45459-3304

FEC ID number of contributing federal political committee. **C**

Name of Employer: U.S. Air Force  
Occupation: Analyst

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01448  
 Amount of Each Receipt this Period: 251.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Ellen M. Gregory

Mailing Address 379 Sorrento Knolls Drive

City Blowing Rock State NC Zip Code 28605-9472

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested:  
Occupation Requested:

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai01449  
 Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **701.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 490 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. John O. Gregory

Mailing Address 9410 Prince William Street

City Manassas State VA Zip Code 20110-2518

FEC ID number of contributing federal political committee. **C**

Name of Employer Gregory Construction Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01450

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Marie H. Gregory

Mailing Address 2125 Highway 14 E.

City Landrum State SC Zip Code 29356-9777

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01451

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ray N. Gregory

Mailing Address P.O. Box 1577

City Corinth State MS Zip Code 38835-1577

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01452

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 491 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Connie M. Greiman   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 755 State Street<br>Apartment 4  | <b>Transaction ID:</b> 2009M04L11ai01453            |
|           | City Garner State IA Zip Code 50438-1554   | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Claude Greiner  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 1544 Swordbill Drive   | <b>Transaction ID:</b> 2009M04L11ai01454            |
|           | City Holiday State FL Zip Code 34690-6355  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. James R. Greiner   | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|           | Mailing Address 1113 Kelly Drive<br>Apartment 3   | <b>Transaction ID:</b> 2009M04L11ai01455            |
|           | City Winesville State GA Zip Code 31313-5197  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Us Army Occupation Building Inspector<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>325.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 492 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Grenader

Mailing Address 4708 Caroline Street

City State Zip Code  
Houston TX 77004-5025

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01456

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Gretter

Mailing Address 4830 Kennett Pike

City State Zip Code  
Wilmington DE 19807-1866

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai01457

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jane Gretter

Mailing Address 4830 Kennett Pike

City State Zip Code  
Wilmington DE 19807-1866

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01458

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 493 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harry S. Gretz

Mailing Address 4732 Homestead Place

City State Zip Code  
Matthews NC 28104-8905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Transamerican Equipment Corporation Owner & President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01459

Amount of Each Receipt this Period  
230.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert Gribben

Mailing Address 421 Sunrise Drive

City State Zip Code  
Weirton WV 26062-5043

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01460

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David G. Griffin

Mailing Address 2808 N. Garfield Street

City State Zip Code  
Midland TX 79705-7408

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Griffin Petroleum Company Petroleum Engineer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai01461

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

880.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 494 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dean Griffin

Mailing Address 3118 Burningtrees Mountain Road S.E

City State Zip Code  
Decatur AL 35603-5333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Decatur General Hospital Healthcare Administration

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01462

Amount of Each Receipt this Period  
220.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Dorothy G. Griffin

Mailing Address 8209 Phillips Road

City State Zip Code  
Rome NY 13440-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Varflex Corporation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01463

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Elijah Shelton Griffin

Mailing Address 2306 Quail Road N.W.

City State Zip Code  
Wilson NC 27896-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alliance One International International Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01464

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) .....

2870.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 495 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Elijah Shelton Griffin

Mailing Address 2306 Quail Road N.W.

City State Zip Code  
Wilson NC 27896-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alliance One International International Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01465

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Nancy D. Griffin

Mailing Address 16 Wesley Street

City State Zip Code  
Monmouth Beach NJ 07750-1149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01466

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William R. Griffin

Mailing Address 7404 Corsair Court

City State Zip Code  
Arlington TX 76016-5317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lockheed Martin Mfc Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01467

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 496 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>S Griffis       |                          | Date of Receipt   |
|   | Mailing Address 2358 Mills Road                            |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 05 / 2009 |
|   | City   | State                    | Zip Code  |
|   | Jacksonville   | FL                       | 32216   |
|   | FEC ID number of contributing federal political committee. |                          | Transaction ID: 2009M04L11ai01468   |
| Name of Employer Ret.   |  | Occupation Ret.          | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text"/><br>250.00  |

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard S. Griffith |                          | Date of Receipt   |
|   | Mailing Address 3417 Milam St.                                     |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 09 / 2009 |
|   | City   | State                    | Zip Code  |
|   | Houston  | TX                       | 77002   |
|   | FEC ID number of contributing federal political committee.         |                          | Transaction ID: 2009M04L11ai01469   |
| Name of Employer Self-Employed  |  | Occupation Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text"/><br>400.00  |

|   |  |                          |   |
|---|--|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard S. Griffith |                          | Date of Receipt   |
|   | Mailing Address 3417 Milam St.                                     |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2009 |
|   | City   | State                    | Zip Code  |
|   | Houston  | TX                       | 77002   |
|   | FEC ID number of contributing federal political committee.         |                          | Transaction ID: 2009M04L11ai01470   |
| Name of Employer Self-Employed  |  | Occupation Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | <input type="text"/><br>240.00  |

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>890.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 497 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard S. Griffith

Mailing Address 3417 Milam St.

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1640.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01471  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George B. Grim

Mailing Address 500 Centennial Drive  
Apartment 625

City East Peoria State IL Zip Code 61611-4911

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai01472  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William H. Grimes

Mailing Address 7500 N. Calle Sin Envidia  
Apartment 2201

City Tucson State AZ Zip Code 85718-7352

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01473  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 498 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carmen Grinstead

Mailing Address P.O. Box 6059

City State Zip Code  
**Santa Maria CA 93456-6059**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 10 / 2009**

**Transaction ID: 2009M04L11ai01474**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Perrin Grissom

Mailing Address 502 Cypress Street

City State Zip Code  
**Leland MS 38756-3115**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt **03 / 09 / 2009**

**Transaction ID: 2009M04L11ai01475**

Amount of Each Receipt this Period **205.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard D. Grist, Jr.

Mailing Address P.O. Box 818

City State Zip Code  
**Blakely GA 39823-0818**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **03 / 13 / 2009**

**Transaction ID: 2009M04L11ai01476**

Amount of Each Receipt this Period **360.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **815.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 499 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                |   |  |
|---|---|--------------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gary A. Groenke      |                                | Date of Receipt                         |  |
|   | Mailing Address 526 74Th Street                                     |                                | M M / D D / Y Y Y Y Y<br>03 / 06 / 2009 |  |
|   | City  | State                          | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01477 |
|   | Kenosha   | WI                             | 53143-5568                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                | 250.00                                  |  |
| Name of Employer<br>Design Partners   |   | Occupation<br>Graphic Designer |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼       |   |  |
|   |   | 250.00                         |   |  |

|   |   |                                      |   |  |
|---|---|--------------------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert Grogan        |                                      | Date of Receipt                         |  |
|   | Mailing Address 1747 Minden Drive                                   |                                      | M M / D D / Y Y Y Y Y<br>03 / 31 / 2009 |  |
|   | City  | State                                | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01478 |
|   | Holladay  | UT                                   | 84121-1227                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | 220.00                                  |  |
| Name of Employer<br>Daily's Premium Meats   |   | Occupation<br>Regional Sales Manager |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             |   |  |
|   |   | 220.00                               |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Roy J. Grogan |                          | Date of Receipt                         |  |
|   | Mailing Address 12 Fossil Hill Road                                 |                          | M M / D D / Y Y Y Y Y<br>03 / 10 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01479 |
|   | Weatherford   | TX                       | 76087-8626                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 1000.00                                 |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 1000.00                  |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1470.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 500 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Peter P. Gromacki   | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |
|           | Mailing Address 88 White Bridge Road   | <b>Transaction ID:</b> 2009M04L11ai01480            |
|           | City Middletown State NY Zip Code 10940-7320   | Amount of Each Receipt this Period<br>525.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>525.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Nathan Gross   | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|           | Mailing Address 8007 Valley View Drive  | <b>Transaction ID:</b> 2009M04L11ai01481            |
|           | City Chesapeake Beach State MD Zip Code 20732-4661  | Amount of Each Receipt this Period<br>125.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Sfa Occupation Director<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William V. Gross  | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |
|           | Mailing Address 11600 Rolling Glen Way   | <b>Transaction ID:</b> 2009M04L11ai01482            |
|           | City Upper Marlboro State MD Zip Code 20772-4293   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Xerox Corporation Occupation Marketing Manager<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 501 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ewel Grossberg

Mailing Address 1 Vista Del Golfo

City State Zip Code  
Long Beach CA 90803-4166

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01483

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Grounds

Mailing Address 36 Pondway

City State Zip Code  
Alton IL 62002-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Horticulture

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01484

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ltc. Gilbert J. Grout, U.S.A. (Re

Mailing Address 4587 Middleton Park Circle W.

City State Zip Code  
Jacksonville FL 32224-6684

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01485

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **805.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 502 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Daniel Grover

Mailing Address 3021 Groves Edge Lane

City Waxhaw State NC Zip Code 28173-8291

FEC ID number of contributing federal political committee. **C**

Name of Employer Ronald Blue & Co. Llc Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01486  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Herbert Grover

Mailing Address 330 Main Street

City Rowley State MA Zip Code 01969-1511

FEC ID number of contributing federal political committee. **C**

Name of Employer Paradigm Technologies, Inc. Occupation Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01487  
Amount of Each Receipt this Period: 110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City Birmingham State AL Zip Code 35226-6278

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Power Co. Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01488  
Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 285.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 503 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City Birmingham State AL Zip Code 35226-6278

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Power Co. Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01489

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City Birmingham State AL Zip Code 35226-6278

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Power Co. Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01490

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey R. Grubb

Mailing Address 2068 Greenside Way

City Birmingham State AL Zip Code 35226-6278

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Power Co. Occupation Project Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01491

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 504 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Grubbs

Mailing Address 2232 Farm 1496 Road

City Anderson State TX Zip Code 77830

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai01492  
Amount of Each Receipt this Period: 125.00

**B.** Full Name (Last, First, Middle Initial)  
Rev. Thaddeus A. Grzelak

Mailing Address 4662 Brisa Drive

City Palmdale State CA Zip Code 93551-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01493  
Amount of Each Receipt this Period: 130.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Marie-Christine Guerrin

Mailing Address 155 East 31st Street  
Apartment 9C

City New York State NY Zip Code 10016-6850

FEC ID number of contributing federal political committee. **C**

Name of Employer Freelance Occupation Writer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01494  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1255.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 505 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. J. Lynn Guffee

Mailing Address 5704 Overton Drive

City State Zip Code  
Allen TX 75002-5430

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01495

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret G. Guidroz

Mailing Address 16818 Amberwood Drive

City State Zip Code  
Baton Rouge LA 70810-6528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01496

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret G. Guidroz

Mailing Address 16818 Amberwood Drive

City State Zip Code  
Baton Rouge LA 70810-6528

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01497

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 506 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Rev. Rod J. Guillermo

Mailing Address P.O. Box 124631

City State Zip Code  
San Diego CA 92112-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01498

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Rev. Rod J. Guillermo

Mailing Address P.O. Box 124631

City State Zip Code  
San Diego CA 92112-4631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01499

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David C Gum, Jr.

Mailing Address 3026 Woodside Rd

City State Zip Code  
Clearbrook VA 22624-1346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
National Fruit Product Co- President  
mpany

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01500

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2820.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 507 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Heinz L. Gundlach

Mailing Address 150 Algoma Road

City State Zip Code  
Palm Beach FL 33480-4902

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01501

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alexander C. Gunn

Mailing Address 7460 Shenandoah Road

City State Zip Code  
Pensacola FL 32526-3846

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01502

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Randy F. Gunter

Mailing Address 207 General Moultrie Drive

City State Zip Code  
Bonneau SC 29431-8503

FEC ID number of contributing federal political committee. **C**

Name of Employer Jacobs Occupation Senior Piping Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01503

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 508 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Victor H. Gunther   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address 1092 Sanders Drive   | <b>Transaction ID:</b> 2009M04L11ai01504            |
|           | City State Zip Code<br>Moraga CA 94556-1917  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>235.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Victor H. Gunther   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 1092 Sanders Drive   | <b>Transaction ID:</b> 2009M04L11ai01505            |
|           | City State Zip Code<br>Moraga CA 94556-1917  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>235.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Marshall L. Gurley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address P.O. Box 90907<br>Centurion Construction Co., Inc.   | <b>Transaction ID:</b> 2009M04L11ai01506            |
|           | City State Zip Code<br>Raleigh NC 27675-0907   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Centurion Construction Company Occupation Contractor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>750.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>325.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 509 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick E. Guth

Mailing Address 12681 Erickon Ranch Road

City State Zip Code  
Piedmont SD 57769-7216

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01507

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Guthrie

Mailing Address P.O. Box 2367

City State Zip Code  
Palmer AK 99645-2367

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Hair Stylist

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01508

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Nicasio Gutierrez

Mailing Address 3616 Windover Drive

City State Zip Code  
Norman OK 73072-3249

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
State Of Oklahoma Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 265.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01509

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 450.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 510 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Laura T. Gutman

Mailing Address 310 Watts Street

City State Zip Code  
Durham NC 27701-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Na Occupation Na

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01510

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Robert A. Gutman

Mailing Address 310 Watts Street

City State Zip Code  
Durham NC 27701-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Durham Nephrology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01511

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Robert A. Gutman

Mailing Address 310 Watts Street

City State Zip Code  
Durham NC 27701-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Durham Nephrology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01512

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 511 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |   |
|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Kathryn B. Guymon   |   | Date of Receipt   |
|   | Mailing Address P.O. Box 1209                                       |   | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
|   | City  | State   | Zip Code  |
|   | Rancho Santa Fe   | CA  | 92067-1209  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> 2009M04L11ai01513  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="100.00"/>   |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Kathryn B. Guymon   |   | Date of Receipt   |
|   | Mailing Address P.O. Box 1209                                       |   | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> |
|   | City  | State   | Zip Code  |
|   | Rancho Santa Fe   | CA  | 92067-1209  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> 2009M04L11ai01514  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="55.00"/>  |

|   |   |   |   |
|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Kathryn B. Guymon   |   | Date of Receipt   |
|   | Mailing Address P.O. Box 1209                                       |   | <input type="text" value="03"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
|   | City  | State   | Zip Code  |
|   | Rancho Santa Fe   | CA  | 92067-1209  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> 2009M04L11ai01515  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><input type="text" value="210.00"/> | <input type="text" value="55.00"/>  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="210.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 512 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Alan Guzowski

Mailing Address 228 S. Milwaukee St.

City State Zip Code  
Denver CO 80209-3216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tricon Geophysics, Inc. Geophysicist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01516

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George D. Gwizd, Sr.

Mailing Address 19 Buckingham Avenue

City State Zip Code  
Old Saybrook CT 06475-2014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01517

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mary A. Haag

Mailing Address 7171 Country Club Dr.

City State Zip Code  
La Jolla CA 92037-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01518

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1290.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 513 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Michael Haas

Mailing Address 357 County House Lane

City Marietta State OH Zip Code 45750-8017

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01519

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. George K. Haas

Mailing Address 5000 S.W. 83Rd Street

City Miami State FL Zip Code 33143-8510

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01520

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Col. Fredrick J. Haase, U. S. A. (

Mailing Address 1821 E. Dayton Road

City Caro State MI Zip Code 48723-9478

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01521

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 514 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Hackman  
Mailing Address 16 Sarazen Ct.  
City Florham Park State NJ Zip Code 07932-2714  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai01522  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. T. Morris Hackney  
Mailing Address 40 Country Club Road  
City Birmingham State AL Zip Code 35213-3625  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai01523  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Claudine Y. Haddock  
Mailing Address 3450 Bonner Drive  
City Olive Branch State MS Zip Code 38654-8123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai01524  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 515 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick D. Haffner

Mailing Address 1226 West Rockwood Drive

City State Zip Code  
Cincinnati OH 45208-3338

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01525

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. Hagedorn

Mailing Address 75 San Luis Obispo

City State Zip Code  
Fort Pierce FL 34951-2816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01526

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. Hagedorn

Mailing Address 75 San Luis Obispo

City State Zip Code  
Fort Pierce FL 34951-2816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai01527

Amount of Each Receipt this Period: 265.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **715.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 516 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George O. Haggard, III

Mailing Address 725 West 2Nd North Street

City State Zip Code  
Morristown TN 37814-3966

FEC ID number of contributing federal political committee. **C**

Name of Employer Rpn Inc Occupation  
Asst Manager, Machine Shop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01528

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George O. Haggard, III

Mailing Address 725 West 2Nd North Street

City State Zip Code  
Morristown TN 37814-3966

FEC ID number of contributing federal political committee. **C**

Name of Employer Rpn Inc Occupation  
Asst Manager, Machine Shop

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01529

Amount of Each Receipt this Period  
125.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Alan Haggerty

Mailing Address 2707 Berryland Drive

City State Zip Code  
Oakton VA 22124-1404

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Government - D.O.D. Occupation  
Senior Executive Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai01530

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 517 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Shirley Honickman Hahn | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 502 N Hillcrest Rd                                     | <b>Transaction ID:</b> 2009M04L11ai01531            |
|   | City State Zip Code<br>Beverly Hills CA 90210-3541                     | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b>    |   |
| Name of Employer Requested  | Occupation Requested   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William Martin Hait  | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|   | Mailing Address 19 Morningside Drive                                | <b>Transaction ID:</b> 2009M04L11ai01532            |
|   | City State Zip Code<br>Livingston NJ 07039-1827                     | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Walgreens  | Occupation Pharmacist   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Michael V. Hajjar    | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|   | Mailing Address 2138 W. Falcon Point Court                          | <b>Transaction ID:</b> 2009M04L11ai01533            |
|   | City State Zip Code<br>Boise ID 83703-4298                          | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed  | Occupation Self-Employed  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 518 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Halacoglu

Mailing Address 3840 Fawn Drive

City State Zip Code  
Rochester MI 48306-1030

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed  
Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01534

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul P. Hale

Mailing Address 81B Ragged Hill Road

City State Zip Code  
Hubbardston MA 01452-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01535

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Evetts Haley, Jr.

Mailing Address P.O. Box 2515

City State Zip Code  
Midland TX 79702-2515

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01536

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 519 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick E. Haley

Mailing Address 22201 Red Laurel Lane

City State Zip Code  
**Estero FL 33928-2978**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 23 / 2009**

**Transaction ID: 2009M04L11ai01537**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Logan Halferty

Mailing Address 1450 E. Harmon Avenue  
Apartment 115C

City State Zip Code  
**Las Vegas NV 89119-5946**

FEC ID number of contributing federal political committee. **C**

Name of Employer Casino Royale & Hotel Occupation Hotel Houseman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **03 / 24 / 2009**

**Transaction ID: 2009M04L11ai01538**

Amount of Each Receipt this Period **150.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Hall

Mailing Address 27 Powderhorn Drive

City State Zip Code  
**Wayne NJ 07470-4227**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 02 / 2009**

**Transaction ID: 2009M04L11ai01539**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **500.00**

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 520 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |                       |   |   |  |
|-----------|--|-----------------------|---|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Gary M. Hall            |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |   |  |
|           | Mailing Address 27 Powderhorn Drive                                    |                       | <b>Transaction ID:</b> 2009M04L11ai01540            |   |  |
|           | City<br><b>Wayne</b>   | State<br><b>NJ</b>    | Zip Code<br><b>07470-4227</b>                       | Amount of Each Receipt this Period<br>50.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                       |   |   |  |
|           | Name of Employer<br>Retired  | Occupation<br>Retired | Aggregate Year-to-Date ▼<br>300.00                  |   |  |

|           |  |                       |   |   |  |
|-----------|--|-----------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Gary M. Hall            |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |   |  |
|           | Mailing Address 27 Powderhorn Drive                                    |                       | <b>Transaction ID:</b> 2009M04L11ai01541            |   |  |
|           | City<br><b>Wayne</b>   | State<br><b>NJ</b>    | Zip Code<br><b>07470-4227</b>                       | Amount of Each Receipt this Period<br>50.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                       |   |   |  |
|           | Name of Employer<br>Retired  | Occupation<br>Retired | Aggregate Year-to-Date ▼<br>300.00                  |   |  |

|           |  |                         |   |  |  |
|-----------|--|-------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dr. James B. Hall           |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|           | Mailing Address 1114 Belgrave Place                                    |                         | <b>Transaction ID:</b> 2009M04L11ai01542            |  |  |
|           | City<br><b>Charlotte</b>   | State<br><b>NC</b>      | Zip Code<br><b>28203-5243</b>                       | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                         |   |  |  |
|           | Name of Employer<br>Carolinas Medical Center                           | Occupation<br>Physician | Aggregate Year-to-Date ▼<br>300.00                  |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 521 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James N. Hall |                                      | Date of Receipt   |
|   | Mailing Address P.O. Box 3065                                |                                      | <input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/> |
|   | City   | State                                | Zip Code  |
|   | Cookeville   | TN                                   | 38502-3065  |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>       | <b>Transaction ID:</b> 2009M04L11ai01543  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired                | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             | <input type="text" value="3000.00"/>  |
|   |  | <input type="text" value="3000.00"/> |   |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe Bennett Hall |                                      | Date of Receipt   |
|   | Mailing Address P.O. Box 445                                    |                                      | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/> |
|   | City  | State                                | Zip Code  |
|   | Anahuac   | TX                                   | 77514-0445  |
| FEC ID number of contributing federal political committee.  |   | <input type="text" value="C"/>       | <b>Transaction ID:</b> 2009M04L11ai01544  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed          | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text" value="1000.00"/>  |
|   |   | <input type="text" value="1000.00"/> |   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Ollabelle Hall |                                     | Date of Receipt   |
|   | Mailing Address 3603 Meadow Lake Lane                          |                                     | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Houston  | TX                                  | 77027   |
| FEC ID number of contributing federal political committee.  |  | <input type="text" value="C"/>      | <b>Transaction ID:</b> 2009M04L11ai01545  |
| Name of Employer<br>Na  |  | Occupation<br>Housewife             | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | <input type="text" value="250.00"/>   |
|   |  | <input type="text" value="500.00"/> |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="4250.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 522 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Ollabelle Hall

Mailing Address 3603 Meadow Lake Lane

City Houston State TX Zip Code 77027

FEC ID number of contributing federal political committee. **C**

Name of Employer Na Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai01546

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard W. Hall

Mailing Address 4525 Duffer Loop

City Sebring State FL Zip Code 33872-3860

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai01547

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Debora Hallford

Mailing Address 2793 East Weaver Avenue

City Centennial State CO Zip Code 80121-2952

FEC ID number of contributing federal political committee. **C**

Name of Employer Schlumberger Occupation Sr. Presr. Transient Geoscient

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai01548

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 523 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. Clifton Roy Halliday, Jr.

Mailing Address 3410 S. Townline Rd

City State Zip Code  
Prudenville MI 48651-9794

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01549

Amount of Each Receipt this Period  
1000.00

B.

Full Name (Last, First, Middle Initial)  
Rev. Msgr. Albert W. Hallin

Mailing Address 416 County Road 1100 N.  
Church Of St. Boniface

City State Zip Code  
Seymour IL 61875-9748

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Catholic Diocese Of Peoria Roman Catholic Priest

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01550

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Harvey Richard Hallman

Mailing Address 1500 Country Club Drive

City State Zip Code  
High Point NC 27262-4558

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Electronic Dat Magnetic's Inc. President/Geo

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai01551

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

2250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 524 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Halmi

Mailing Address 1325 Avenue Of The Americas

City State Zip Code  
New York NY 10019-6026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01552

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Halmi

Mailing Address 1325 Avenue Of The Americas

City State Zip Code  
New York NY 10019-6026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01553

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Marty Halper

Mailing Address 7 Terrace Cir Apt 2A

City State Zip Code  
Great Neck NY 11021-4125

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01554

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 525 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Robert Halverstadt  
 Mailing Address 3161 Meadow Ridge  
 City Redding State CT Zip Code 06896-3227  
 Date of Receipt 03 / 18 / 2009  
**Transaction ID:** 2009M04L11ai01555  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Ronald O. Hamburger  
 Mailing Address 2824 Benson Way  
 City Belmont State CA Zip Code 94002-2939  
 Date of Receipt 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01556  
 Amount of Each Receipt this Period 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Simpson Gumpel & Heger Occupation Structural Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. John Hamilton  
 Mailing Address 18262 N. 1750 E. Road  
 City Pontiac State IL Zip Code 61764-2934  
 Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01557  
 Amount of Each Receipt this Period 40.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Parno Realty Occupation Real Estate Appraiser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 526 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Hamilton

Mailing Address 18262 N. 1750 E. Road

City State Zip Code  
Pontiac IL 61764-2934

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Parno Realty Real Estate Appraiser

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01558

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Virginia Hamister

Mailing Address 24212 Lake Road

City State Zip Code  
Bay Village OH 44140-2955

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01559

Amount of Each Receipt this Period  
330.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John H. Hammergren

Mailing Address 10 Winding Lane

City State Zip Code  
Orinda CA 94563-1000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
McKesson Corporation C.E.O.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01560

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **605.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 527 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Leslie B. Hammond

Mailing Address 121 Treehaven Street

City Gaithersburg State MD Zip Code 20878-5748

FEC ID number of contributing federal political committee. **C**

Name of Employer Deloitte & Touche Occupation Financial Analyst/C.P.A.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.09

Date of Receipt 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai01561  
Amount of Each Receipt this Period 2.09

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick R. Handy

Mailing Address 653 Moondale Drive

City El Paso State TX Zip Code 79912-4237

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01562  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City Brentwood State TN Zip Code 37027-6548

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Pathologist, P.L.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai01563  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **752.09**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 528 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas E. Hanes

Mailing Address 5223 Heathrow Hills Drive

City State Zip Code  
Brentwood TN 37027-6548

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Associated Pathologist,  
P.L.C.

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 4 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai01564

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Greta S. Hanisch

Mailing Address 600 W. 246Th Street  
Apartment 1107

City State Zip Code  
Bronx NY 10471-3624

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai01565

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael J. Hanley

Mailing Address 5630 Central College Rd.

City State Zip Code  
Westerville OH 43081-9573

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self-employed

Occupation  
Self Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 9 |   |

Transaction ID: 2009M04L11ai01566

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

|         |
|---------|
| 3000.00 |
|---------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 529 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Robert J Hannum, III

Mailing Address 3450 Palencia Dr.  
#1004

City State Zip Code  
Tampa FL 33618-1850

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01567

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Julian Hansakul

Mailing Address 37 Parker Blvd.

City State Zip Code  
Monsey NY 10952-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer N.Y.C. Dept. Of Small Business Svcs. Occupation  
Cost Accountant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
775.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01568

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Hugh C Hansen

Mailing Address 140 W. 62 Street

City State Zip Code  
New York NY 10023-7407

FEC ID number of contributing federal political committee. **C**

Name of Employer Fordham University Occupation  
Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01569

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 530 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Shawn F. Hansen

Mailing Address 1018 Grand Oak Lane

City State Zip Code  
Virginia Beach VA 23455-7213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United States Navy U.S. Military

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01570

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stewart G. Hansen

Mailing Address 3010 Sylvania Drive

City State Zip Code  
West Des Moines IA 50266-2149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01571

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Virgil Dale Hanson

Mailing Address 4306 Custer Avenue

City State Zip Code  
Flint MI 48507-2781

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01572

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **440.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 531 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Virgil Dale Hanson

Mailing Address 4306 Custer Avenue

City State Zip Code  
Flint MI 48507-2781

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01573

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert T. Hardeman

Mailing Address 903 Robert E. Lee Drive

City State Zip Code  
Greenwood MS 38930-2434

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01574

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Hardick

Mailing Address 6025 N. Rockwell Street

City State Zip Code  
Chicago IL 60659-4006

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01575

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 532 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn J. Hardin

Mailing Address P.O. Box 702

City Hendersonville State NC Zip Code 28793-0702

FEC ID number of contributing federal political committee. **C**

Name of Employer Hardin Company Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01576  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joe S Hardin, Jr.

Mailing Address 820 Picacho Lane

City Santa Barbara State CA Zip Code 93108-1229

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai01577  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John C. Hardin, Jr.

Mailing Address 410 Briarwood Drive

City Shreveport State LA Zip Code 71106-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer L.S.U. Medical School Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai01578  
 Amount of Each Receipt this Period: 810.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 533 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Ken Hardin

Mailing Address P. O. Box 4310

City

Horseshoe Bay

State

TX

Zip Code

78657-4310

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01579

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Ms Marilyn J. Hardin

Mailing Address 128 Crisco Road

City

Florence

State

MS

Zip Code

39073-7636

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01580

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City

Abilene

State

TX

Zip Code

79603-4253

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

286.00

Date of Receipt

MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01581

Amount of Each Receipt this Period

3.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

553.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 534 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City State Zip Code  
Abilene TX 79603-4253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 286.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01582

Amount of Each Receipt this Period  
5.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Lawrence Hardwicke

Mailing Address 1625 Westwood Drive

City State Zip Code  
Abilene TX 79603-4253

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 286.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01583

Amount of Each Receipt this Period  
3.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Glenn Hargrove

Mailing Address 5006 Willow Point

City State Zip Code  
Parker TX 75002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai01584

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

508.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 535 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Sharon Hargrove

Mailing Address 5006 Willow Point

City State Zip Code  
Parker TX 75002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01585

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas Harlin

Mailing Address 1247 Hillview Lane

City State Zip Code  
Franklin TN 37064-7431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01586

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01587

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 536 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01588

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai01589

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai01590

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 537 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Harlow

Mailing Address 1117 Belvedere Street

City State Zip Code  
Cincinnati OH 45202-1701

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01591

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. C. Ray Harmon

Mailing Address 11418 County Road

City State Zip Code  
Nickerson NE 68044

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai01592

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher Harmon

Mailing Address 36409 Moser Road

City State Zip Code  
Winchester CA 92596-8639

FEC ID number of contributing federal political committee. **C**

Name of Employer Creative Labs Occupation Field Marketing Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01593

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 538 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey C. Harms

Mailing Address 1804 Avalon Ct.

City Raleigh State NC Zip Code 27612-2342

FEC ID number of contributing federal political committee. **C**

Name of Employer Alcatel-Lucent Occupation Digital Designer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai01594  
 Amount of Each Receipt this Period: 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Floyd Harnagel

Mailing Address 428 S. Durbin Street  
Casper Pay-Less Drug Company

City Casper State WY Zip Code 82601-2818

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01595  
 Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Glenn M. Harned

Mailing Address 11644 Crest Maple Drive

City Woodbridge State VA Zip Code 22192-6640

FEC ID number of contributing federal political committee. **C**

Name of Employer Booz Allen Hamilton Occupation Defense Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai01596  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 539 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Harper

Mailing Address P.O. Box 621

City State Zip Code  
**Saint Albans MO 63073-0621**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 03 / 2009**

**Transaction ID: 2009M04L11ai01597**

Amount of Each Receipt this Period **1000.00**

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Frances Dorchester Harrell

Mailing Address P.O. Box 2768

City State Zip Code  
**Pensacola FL 32513-4945**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 20 / 2009**

**Transaction ID: 2009M04L11ai01598**

Amount of Each Receipt this Period **200.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Harrell, III

Mailing Address P.O. Box 22676

City State Zip Code  
**Jackson MS 39225-2676**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 03 / 2009**

**Transaction ID: 2009M04L11ai01599**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 540 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James D. Harrell, III |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|   | Mailing Address P.O. Box 22676                                       |                                    | <b>Transaction ID:</b> 2009M04L11ai01600            |
|   | City<br>Jackson  | State<br>MS                        | Zip Code<br>39225-2676                              |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    | Amount of Each Receipt this Period<br>100.00        |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Bobbye F. Harris |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Mailing Address 135 Windsor Drive                                |                                    | <b>Transaction ID:</b> 2009M04L11ai01601            |
|   | City<br>Calhoun  | State<br>GA                        | Zip Code<br>30701-2055                              |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    | Amount of Each Receipt this Period<br>900.00        |
|   | Name of Employer<br>Retired                                      | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>900.00 |   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Harris, Jr. |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|   | Mailing Address 5405 Joni Circle                                  |                                    | <b>Transaction ID:</b> 2009M04L11ai01602            |
|   | City<br>Pinson  | State<br>AL                        | Zip Code<br>35126-3625                              |
|   | FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>300.00        |
|   | Name of Employer<br>U.S. Government                               | Occupation<br>Public Affairs       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 541 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Kenneth Harris

Mailing Address P.O. Box 705

City State Zip Code  
Olney IL 62450-0705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01603

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Leslie Harris

Mailing Address 44700 Sage Road  
#H

City State Zip Code  
Aguanga CA 92536-9749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai01604

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Keith Harris, Sr.

Mailing Address 4330 Duck Down

City State Zip Code  
Winter Haven FL 33884

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bernie Little Dist., Inc. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01605

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 542 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>William & Adelaide Harris | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address PO Box 629   | <b>Transaction ID:</b> 2009M04L11ai01606            |
|   | City State Zip Code<br>Salisbury CT 06068-0629                       | Amount of Each Receipt this Period<br>200.00        |
|   | FEC ID number of contributing federal political committee.<br>C      |   |
|   | Name of Employer Occupation<br>Homemaker Homemaker                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                   |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles R. Harrison | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|   | Mailing Address 1825 Lawrence Street Suite 444                     | <b>Transaction ID:</b> 2009M04L11ai01607            |
|   | City State Zip Code<br>Denver CO 80202-1817                        | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C    |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. M. G. Harrison                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|   | Mailing Address P. O. Box 4144  | <b>Transaction ID:</b> 2009M04L11ai01608            |
|   | City State Zip Code<br>Ventura CA 93007-0144  | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C                     |   |
|   | Name of Employer Occupation<br>E. J. Harrison & Son's, Inc. Chief Financial Officer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 543 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mrs. Olive Harrison  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
| Mailing Address 1801 20Th Street<br>Apartment B25   |                                     | <b>Transaction ID:</b> 2009M04L11ai01609            |
| City Ames   | State IA                            | Zip Code 50010-5161                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                     | Amount of Each Receipt this Period<br>1005.00       |
| Name of Employer<br>Unemployed  | Occupation<br>Unemployed            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2005.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Paul L. Harry  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
| Mailing Address 12 Three Mile Harbor Drive  |                                    | <b>Transaction ID:</b> 2009M04L11ai01610            |
| City East Hampton   | State NY                           | Zip Code 11937-3347                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00         |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Gurnee F. Hart   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
| Mailing Address 133 E. 64Th Street  |                                    | <b>Transaction ID:</b> 2009M04L11ai01611            |
| City New York   | State NY                           | Zip Code 10065-7045                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>400.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1455.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 544 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Athena Hart-Kolle

Mailing Address Balentine Rd. Holdings  
135 East Main Street

City Caledonia State MN Zip Code 55921

FEC ID number of contributing federal political committee. **C**

Name of Employer Hart Interior Design Occupation Business Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai01612  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bill Harting

Mailing Address 101 Taylor Road

City Estill Springs State TN Zip Code 37330-3831

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai01613  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. Hartman

Mailing Address 4916 Jule Drive

City Panora State IA Zip Code 50216-8620

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai01614  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 545 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Vincent W. Hartnett

Mailing Address 2652 Horseshoe Trail

City State Zip Code  
Chester Springs PA 19425-3000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01615

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William H Hartt, III

Mailing Address 20914 Morada Court

City State Zip Code  
Boca Raton FL 33433-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Engineer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01616

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Everett Hartwel, Jr.

Mailing Address 17 Sylvester Court

City State Zip Code  
Norwalk CT 06855-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Purdue Pharma Clerk Service

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai01617

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

5150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 546 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Everett Hartwel, Jr.  
Mailing Address 17 Sylvester Court

City State Zip Code  
Norwalk CT 06855-2613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Purdue Pharma Clerk Service

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01618  
 Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Dorothy E. Hartzler  
Mailing Address 2118 W. 116Th Street

City State Zip Code  
Leawood KS 66211-2953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01619  
 Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Geoffrey O. Hartzler  
Mailing Address 2118 W. 116Th Street

City State Zip Code  
Leawood KS 66211-2953

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01620  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 547 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Harriet B. Harvey

Mailing Address 6011 Breakpoint Trail

City State Zip Code  
Dallas TX 75252-2369

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01621

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Will Harvey

Mailing Address 7421 Le Conte Drive

City State Zip Code  
El Paso TX 79912-7129

FEC ID number of contributing federal political committee. **C**

Name of Employer Harvey Development Company, Inc. Occupation C. E. O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01622

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Harvey

Mailing Address 11310 Waller Rd. W.

City State Zip Code  
Theodore AL 36582-8197

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01623

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 548 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John & Erin Hasbrook

Mailing Address 5111 Putah Creek Road

City State Zip Code  
Winters CA 95694-9629

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01624

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Hasch

Mailing Address 1029 S. Butternut Circle

City State Zip Code  
Frankfort IL 60423-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 251.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01625

Amount of Each Receipt this Period  
251.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Hathorne

Mailing Address 10295 E. Rising Sun Drive

City State Zip Code  
Scottsdale AZ 85262-3072

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai01626

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1001.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 549 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd A. Hatoff

Mailing Address 3800 Lake Shore Dr. 12A

City State Zip Code  
Chicago IL 60613-3411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allen Brothers Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01627

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John I. Hatridge

Mailing Address 2708 Mountain Laurel Lane

City State Zip Code  
Austin TX 78703-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01628

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John R Haugen

Mailing Address 2303 RR 620 So.  
Ste. 135-303

City State Zip Code  
Austin TX 78734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
On-Time Transcription Co., Inc. Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01629

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 550 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Hawkins, Jr.

Mailing Address 4208B Willowlake Court

City State Zip Code  
**Jefferson City MO 65109-4532**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 13 / 2009**

**Transaction ID: 2009M04L11ai01630**

Amount of Each Receipt this Period **200.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Hawkins, Jr.

Mailing Address 4208B Willowlake Court

City State Zip Code  
**Jefferson City MO 65109-4532**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 25 / 2009**

**Transaction ID: 2009M04L11ai01631**

Amount of Each Receipt this Period **50.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chester G. Hawley

Mailing Address 2690 Edington Road

City State Zip Code  
**Columbus OH 43221-2503**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 09 / 2009**

**Transaction ID: 2009M04L11ai01632**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 551 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                      |   |  |  |
|---|---|--------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Diana Hawthorne |                                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |  |  |
|   | Mailing Address 1616 Glenbrook Court                            |                                      | <b>Transaction ID:</b> 2009M04L11ai01633            |  |  |
|   | City<br>Columbia  | State<br>MO                          | Zip Code<br>65203-5345                              | Amount of Each Receipt this Period<br>200.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                      |   |  |  |
|   | Name of Employer<br>University Of Missouri                      | Occupation<br>Professor Of Radiology |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00   |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. John & Shirley Hayde |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 1101 Sunset Shores Lane                                    |                                    | <b>Transaction ID:</b> 2009M04L11ai01634            |  |  |
|   | City<br>Climax Springs   | State<br>MO                        | Zip Code<br>65324-3926                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C            |                                    |   |  |  |
|   | Name of Employer<br>J2 Printing  | Occupation<br>President            |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard Haydinger |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |   |  |
|   | Mailing Address 78 E. Main Street                                |                                     | <b>Transaction ID:</b> 2009M04L11ai01635            |   |  |
|   | City<br>Marlton  | State<br>NJ                         | Zip Code<br>08053-2142                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                     |   |   |  |
|   | Name of Employer<br>Self-Employed                                | Occupation<br>Self-Employed         |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 552 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bryan Hayes

Mailing Address 1820 Holly Hill Drive

City State Zip Code  
Durham NC 27713-6061

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Duke University Health System Registered Nurse

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01636

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. H. Michael Hayes

Mailing Address 10170 Xavier Court

City State Zip Code  
Westminster CO 80031-2340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 5 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01637

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Norris Hayes

Mailing Address 23822 Legendary Lane Dr.

City State Zip Code  
Katy TX 77494-0148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai01638

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 553 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas B. Hayward

Mailing Address 1223 Spring Street  
Apartment 901

City State Zip Code  
Seattle WA 98104-3576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Voyager Expanded Learning Executive Consultant

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 2 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01639

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Terry G. Hazard

Mailing Address 5484 Coral Reef Avenue

City State Zip Code  
La Jolla CA 92037-7026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01640

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas N. Hazen

Mailing Address 17 College View Heights

City State Zip Code  
South Hadley MA 01075-1607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hazen Paper Company, Inc. Consultant

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01641

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1100.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 554 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Rosemary M. Heard  
Mailing Address 1746 Potwin Dr.

City State Zip Code  
Baton Rouge LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Csrs Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01642

Amount of Each Receipt this Period  
15.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Rosemary M. Heard  
Mailing Address 1746 Potwin Dr.

City State Zip Code  
Baton Rouge LA 70810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Csrs Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01643

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Rev. John W. Hearty, Jr.  
Mailing Address P.O. Box 92

City State Zip Code  
Lucedale MS 39452-4742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01644

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) .....

1540.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 555 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harold C. Heath

Mailing Address 1 Heath Lane  
P.O. Box 185

City State Zip Code  
Butler GA 31006-0185

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01645

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl A. Hechmer, Jr.

Mailing Address 735 Oak Springs Road

City State Zip Code  
Bryn Mawr PA 19010-1735

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01646

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David T. Hedrick

Mailing Address 12950 Brady Road

City State Zip Code  
Jacksonville FL 32223-2508

FEC ID number of contributing federal political committee. **C**

Name of Employer National Audit Services Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01647

Amount of Each Receipt this Period  
202.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **502.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 556 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger D. Heedum

Mailing Address 5010 S. 118Th Street  
Suite 240

City Omaha State NE Zip Code 68137-2208

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai01648  
 Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Margaret B. Heers

Mailing Address 1290 N. Applegate Avenue

City Fresno State CA Zip Code 93727-9770

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai01649  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Hehr

Mailing Address P.O. Box 4061  
2007 Warwood Ave.

City Wheeling State WV Zip Code 26003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai01650  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 557 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Heide

Mailing Address 5825 6Th Place

City Kenosha State WI Zip Code 53144-7216

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01651  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark L. Heinold

Mailing Address 333 River Street  
Apartment 1143

City Hoboken State NJ Zip Code 07030-5873

FEC ID number of contributing federal political committee. **C**

Name of Employer Verizon Occupation Executive Director-Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01652  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mark L. Heinold

Mailing Address 333 River Street  
Apartment 1143

City Hoboken State NJ Zip Code 07030-5873

FEC ID number of contributing federal political committee. **C**

Name of Employer Verizon Occupation Executive Director-Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01653  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 558 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen Heitzman

Mailing Address 29322 Champions Drive

City Magnolia State TX Zip Code 77355-5631

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai01654

Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wilbur & Doris Heitzman

Mailing Address 75 Geronimo Drive

City Sedona State AZ Zip Code 86336

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai01655

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Rev. Mark Philip Helge

Mailing Address 3370 Montlake Drive

City Rockford State IL Zip Code 61114-5519

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai01656

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 559 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Christine Helin

Mailing Address 3252 N. Cottontail Cir.

City State Zip Code  
Tucson AZ 85749-9401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lovitt & Touche Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01657

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Brenda Heller

Mailing Address 974 Heron Circle

City State Zip Code  
Seal Beach CA 90740-5616

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01658

Amount of Each Receipt this Period  
230.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Gracia Heller

Mailing Address 63 Bogota St.

City State Zip Code  
Staten Island NY 10314-6225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Myron Heller Agency Insurance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01659

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

730.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 560 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ronald & Cindy A. Hellstern

Mailing Address 10827 Crooked Creek Drive  
Suite 250

City State Zip Code  
Dallas TX 75229-4303

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01660

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Elaine S. Henderson

Mailing Address 10 Sterling Place

City State Zip Code  
Rancho Mirage CA 92270-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Hasa Inc Occupation Cfo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01661

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kathleen Henderson

Mailing Address 432 Patterson Drive

City State Zip Code  
Monrovia CA 91016-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01662

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 561 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Roberta M. Henderson

Mailing Address 4316 Glenview Avenue

City State Zip Code  
Glenview KY 40025-7509

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01663

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Emmaline P. Henn

Mailing Address 6 Meadow Court

City State Zip Code  
Huntington IN 46750-4406

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01664

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Maurice Henry

Mailing Address 4736 E. Latoka Court

City State Zip Code  
Springfield MO 65809-3152

FEC ID number of contributing federal political committee. **C**

Name of Employer A.W.G. Occupation Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai01665

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2470.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 562 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mrs. Meredith E. Henry  
 Mailing Address 1372 Parkview Estates Drive  
 City State Zip Code  
 Ellisville MO 63021-4643  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01666  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Richard T. Henshaw, III  
 Mailing Address P.O. Box 189  
 City State Zip Code  
 Waccabuc NY 10597-0189  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01667  
 Amount of Each Receipt this Period  
 200.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Kenneth P. Hensley  
 Mailing Address 15 Upper Hillcrest Avenue  
 City State Zip Code  
 Albany NY 12203-3369  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01668  
 Amount of Each Receipt this Period  
 505.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 505.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1205.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 563 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Connie S. Herbert

Mailing Address 25550 N. Tuscarora Court

City State Zip Code  
Lake Barrington IL 60010-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01669

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don Herington

Mailing Address 5209 Freedom Court

City State Zip Code  
Fairfield CA 94533-9744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01670

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Inocenle R. Hernandez

Mailing Address 5557 S.W. 91 Avenue

City State Zip Code  
Miami FL 33165-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
P. & H. Structural Construction

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01671

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **805.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 564 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Luis E. Hernandez

Mailing Address 9455 S.W. 44Th Street

City Miami State FL Zip Code 33165-5827

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai01672

Amount of Each Receipt this Period 101.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Erika Herndon

Mailing Address 2501 Keating Lane

City Austin State TX Zip Code 78703-2317

FEC ID number of contributing federal political committee. **C**

Name of Employer Self- Small Business Owner Occupation Stationery Manufacturer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 2009M04L11ai01673

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chet Herren

Mailing Address H.C. 63 Box 53-1

City Pawhuska State OK Zip Code 74056

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai01674

Amount of Each Receipt this Period 505.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 706.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 565 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sylvia Herren

Mailing Address H.C. 63 Box 53-1

City Pawhuska State OK Zip Code 74056

FEC ID number of contributing federal political committee. **C**

Name of Employer Cahory Construction, Inc. Occupation Co-Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01675

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gayle S Herrington

Mailing Address P.O. Box 10507

City Brooksville State FL Zip Code 34603-0507

FEC ID number of contributing federal political committee. **C**

Name of Employer Granite Services, Inc. Occupation Director, Technical Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01676

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. David M. Hess

Mailing Address 1705 Aubusson Court

City Bakersfield State CA Zip Code 93311-1537

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01677

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 566 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George L. Hesse

Mailing Address 2325 Tracy Place N.W.

City Washington State DC Zip Code 20008-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Manor Management Corporation Occupation Real Estate Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01678  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George L. Hesse

Mailing Address 2325 Tracy Place N.W.

City Washington State DC Zip Code 20008-1640

FEC ID number of contributing federal political committee. **C**

Name of Employer Manor Management Corporation Occupation Real Estate Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 18 / 2009  
Transaction ID: 2009M04L11ai01679  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Phil Hessel

Mailing Address 4601 N.W. 119Th Street

City Oklahoma City State OK Zip Code 73162-1953

FEC ID number of contributing federal political committee. **C**

Name of Employer Whitton Supply Occupation Driver

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 476.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01680  
Amount of Each Receipt this Period 476.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 876.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 567 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James N. Heston

Mailing Address 41 Franklin School Way

City State Zip Code  
Metuchen NJ 08840-1859

FEC ID number of contributing federal political committee. **C**

Name of Employer Metlife Occupation Insurance Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01681

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Kenneth L. Heydt

Mailing Address P.O. Box 214  
113 N. Columbus Avenue

City State Zip Code  
Waltham MN 55982-0214

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01682

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ruth Hiatt

Mailing Address 610 W. Main Street

City State Zip Code  
Danville IN 46122-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01683

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2725.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 568 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Carlton Hibbard

Mailing Address 971 Bellaire Lane

City State Zip Code  
Rockledge FL 32955

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Brevard County Commissioners

Occupation  
Lead Vehicle Operator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01684

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Hickerson

Mailing Address 212 Haller Avenue

City State Zip Code  
East Alton IL 62024-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Citigroup

Occupation  
Sales Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
353.80

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01685

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Hickerson

Mailing Address 212 Haller Avenue

City State Zip Code  
East Alton IL 62024-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Citigroup

Occupation  
Sales Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
353.80

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01686

Amount of Each Receipt this Period  
243.80

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1353.80**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 569 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Bonnie Hickman

Mailing Address 711 E. 200 S.

City Spanish Fork State UT Zip Code 84660-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai01687

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Bonnie Hickman

Mailing Address 711 E. 200 S.

City Spanish Fork State UT Zip Code 84660-2241

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01688

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Francis G. Hickman

Mailing Address 4129 S. Paiute Way

City Sierra Vista State AZ Zip Code 85650-8432

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01689

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **570.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 570 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew D. Hicks

Mailing Address 118 Heritage Cir

City State Zip Code  
Panama City Beach FL 32407-2702

FEC ID number of contributing federal political committee. **C**

Name of Employer Surgical Systems Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01690

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lewis W. Hicks, III

Mailing Address 40 Dune Drive

City State Zip Code  
Chatham MA 02633-2519

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01691

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Teena Hicks

Mailing Address 210 Park Avenue Suite 220

City State Zip Code  
Oklahoma City OK 73102-5602

FEC ID number of contributing federal political committee. **C**

Name of Employer Teena Hicks Company Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01692

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 571 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. W. Glen Hicks

Mailing Address 809 Kennon Street

City State Zip Code  
Minden LA 71055-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01693

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. W. Glen Hicks

Mailing Address 809 Kennon Street

City State Zip Code  
Minden LA 71055-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01694

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Pete Hidalgo, II

Mailing Address 4 High Ridge

City State Zip Code  
Santa Fe NM 87506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Piedra Capital, Ltd. Principal

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01695

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 572 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack Higdon

Mailing Address 3851 Fair Oaks Boulevard

City State Zip Code  
Sacramento CA 95864-7215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
California Moving Systems President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01696

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joyce B. Hildebrand

Mailing Address 7855 Lilly Chapel Georgesville Roa

City State Zip Code  
London OH 43140-9461

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01697

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Hildebrand

Mailing Address P.O. Box 371

City State Zip Code  
Milan IN 47031-0371

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01698

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **670.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 573 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James E. Hill, Sr.   |                          | Date of Receipt                         |  |
|   | Mailing Address P.O. Box 50   |                          | M M / D D / Y Y Y Y Y<br>03 / 18 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01699 |
|   | Palmerton   | PA                       | 18071-0050                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 50.00                                   |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 210.00                   |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James E. Hill, Sr.   |                          | Date of Receipt                         |  |
|   | Mailing Address P.O. Box 50   |                          | M M / D D / Y Y Y Y Y<br>03 / 20 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01700 |
|   | Palmerton   | PA                       | 18071-0050                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 50.00                                   |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 210.00                   |   |  |

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jerry Hill           |                             | Date of Receipt                         |  |
|   | Mailing Address P.O. Box 1125                                       |                             | M M / D D / Y Y Y Y Y<br>03 / 17 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai01701 |
|   | Crosby  | TX                          | 77532-1125                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 50.00                                   |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 210.00                      |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 150.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 574 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John G. Hill

Mailing Address 7302 Via Granja

City State Zip Code  
San Jose CA 95135-1348

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01702

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Josephine A. Hill

Mailing Address 1416 W. James Way

City State Zip Code  
Anaheim CA 92801-4711

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01703

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Luther L. Hill, Jr.

Mailing Address 1209 Bell Avenue

City State Zip Code  
Des Moines IA 50315-1018

FEC ID number of contributing federal political committee. **C**

Name of Employer Nyemaster Law Firm Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01704

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 575 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sarah B. Hill

Mailing Address 2929 Buffalo Speedway  
Unit 1308

City State Zip Code  
Houston TX 77098-1713

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01705

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tracy Hill

Mailing Address 149 Adare Drive

City State Zip Code  
Cary IL 60013-1695

FEC ID number of contributing federal political committee. **C**

Name of Employer Kimball Hill Management Co. Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01706

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. W. Christian Hill

Mailing Address 4528 Sea Cliff Court

City State Zip Code  
Seaside CA 93955-6546

FEC ID number of contributing federal political committee. **C**

Name of Employer Sentry Alarm Systems Occupation Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01707

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **860.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 576 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wayne J. Hilmer

Mailing Address 1551 Via Tuscany

City State Zip Code  
Winter Park FL 32789-2657

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01708

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur R. Hilsinger

Mailing Address 8 Jackson Pond Road

City State Zip Code  
Dedham MA 02026-5524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01709

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James A. Hilton

Mailing Address 99 Peaceful Way

City State Zip Code  
Tiverton RI 02878-4015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Smith Barney Finance

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01710

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 577 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William C. Himstreet

Mailing Address 15241 N.E. 20Th Street  
Apartment 233

City Bellevue State WA Zip Code 98007-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01711  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William C. Himstreet

Mailing Address 15241 N.E. 20Th Street  
Apartment 233

City Bellevue State WA Zip Code 98007-3813

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai01712  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven Hines

Mailing Address 137 Plantation Cir S

City Ponte Vedra Beach State FL Zip Code 32082-3971

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai01713  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 350.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 578 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Olav Christian Hinke

Mailing Address 5400 Snapper Creek Road

City State Zip Code  
Coral Gables FL 33156-3446

FEC ID number of contributing federal political committee. **C**

Name of Employer Interamericana Transport Industries, I Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01714

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jill Maureen Hinkey

Mailing Address P.O. Box 2119

City State Zip Code  
Loomis CA 95650

FEC ID number of contributing federal political committee. **C**

Name of Employer Countryside Home Loans Occupation Home Loan Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01715

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edmond R. Hinkle

Mailing Address 266 Crystal Springs Road

City State Zip Code  
Blountville TN 37617-6665

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01716

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 579 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edmond R. Hinkle

Mailing Address 266 Crystal Springs Road

City Blountville State TN Zip Code 37617-6665

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY 03 / 16 / 2009

Transaction ID: 2009M04L11ai01717

Amount of Each Receipt this Period 20.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Hinkley

Mailing Address 1554 Shoecraft Road

City Penfield State NY Zip Code 14526-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: MM / DD / YYYY 03 / 06 / 2009

Transaction ID: 2009M04L11ai01718

Amount of Each Receipt this Period 105.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Hinkley

Mailing Address 1554 Shoecraft Road

City Penfield State NY Zip Code 14526-9707

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: MM / DD / YYYY 03 / 23 / 2009

Transaction ID: 2009M04L11ai01719

Amount of Each Receipt this Period 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 205.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 580 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. William L. Hinson, Sr.  
 Mailing Address 270 Rabon Road  
 City Columbia State SC Zip Code 29223-5821  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai01720  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Jeffrey A. Hirsch  
 Mailing Address 10516 Lindbrook Drive  
 City Los Angeles State CA Zip Code 90024-3326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00  
 Date of Receipt 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai01721  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Brad Hirst  
 Mailing Address P.O. Box 1210  
 City Noblesville State IN Zip Code 46061-1210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00  
 Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01722  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 581 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vance E. Hitch

Mailing Address 1114 Old Cedar Road

City State Zip Code  
McLean VA 22102-2437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Andersen Consulting System Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01723

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Cox Hite

Mailing Address 335 Green Spring Court

City State Zip Code  
Hampton VA 23669-1727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01724

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Judith S. Hjartarson

Mailing Address 8812 E. Sonoran Way

City State Zip Code  
Gold Canyon AZ 85218-7131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01725

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 582 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Thanh Thuy Ho

Mailing Address 27 Westport

City Irvine State CA Zip Code 92620-2656

FEC ID number of contributing federal political committee. **C**

Name of Employer Adt Security Services Occupation Sales Rep

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai01726

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Michael Hoch

Mailing Address 5300 Hamilton Avenue  
Apartment 1706

City Cincinnati State OH Zip Code 45224-3165

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai01727

Amount of Each Receipt this Period 2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Hocker

Mailing Address 6112 Goldtree Way

City Bethesda State MD Zip Code 20817-5839

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai01728

Amount of Each Receipt this Period 201.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3001.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 583 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas James Hockycko

Mailing Address 313 Saint Andrews Circle

City Lynchburg State VA Zip Code 24503-3700

FEC ID number of contributing federal political committee. **C**

Name of Employer Seven Hills Construction Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai01729

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Luther Hodges

Mailing Address 20114 Scott

City Chapel Hill State NC Zip Code 27517-8558

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai01730

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lee Hoefert

Mailing Address 2164 Marion Drive

City Las Vegas State NV Zip Code 89115-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai01731

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 584 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lee Hoefert

Mailing Address 2164 Marion Drive

City State Zip Code  
Las Vegas NV 89115-5515

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01732

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank J. Hoenemeyer

Mailing Address 1865 Bay Road  
Apartment 110

City State Zip Code  
Vero Beach FL 32963-3075

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01733

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Fred Hoffman

Mailing Address 2950 Gleneagles Pointe

City State Zip Code  
Alpharetta GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Kilpatrick Stockton Llp Occupation Chief Human Resources Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01734

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 585 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frederic H. Hoffman |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |  |  |
|   | Mailing Address 2 Dogwood Circle                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai01735            |  |  |
|   | City<br>Myerstown  | State<br>PA                        | Zip Code<br>17067-1700                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C    |                                    |   |  |  |
|   | Name of Employer<br>A. & H. Fuel                                   | Occupation<br>Corporate Officer    |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>600.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frederic H. Hoffman |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |  |  |
|   | Mailing Address 2 Dogwood Circle                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai01736            |  |  |
|   | City<br>Myerstown  | State<br>PA                        | Zip Code<br>17067-1700                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C    |                                    |   |  |  |
|   | Name of Employer<br>A. & H. Fuel                                   | Occupation<br>Corporate Officer    |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>600.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Greg Hoffmann    |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |  |  |
|   | Mailing Address 14390 S Avenue 2 3/4 E                          |                                    | <b>Transaction ID:</b> 2009M04L11ai01737            |  |  |
|   | City<br>Yuma  | State<br>AZ                        | Zip Code<br>85365-9212                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer Requested                                      | Occupation Requested               |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 586 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles H. Hofgaarden

Mailing Address 891 Flintridge Avenue

City State Zip Code  
La Canada Flintrid CA 91011-4064

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai01738  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lynn M. Hofland

Mailing Address 1043 Bradford Drive

City State Zip Code  
Sunnyvale CA 94089-1553

FEC ID number of contributing federal political committee. **C**

Name of Employer A.S.R.C. Aerospace Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai01739  
Amount of Each Receipt this Period: 70.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lynn M. Hofland

Mailing Address 1043 Bradford Drive

City State Zip Code  
Sunnyvale CA 94089-1553

FEC ID number of contributing federal political committee. **C**

Name of Employer A.S.R.C. Aerospace Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 257.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01740  
Amount of Each Receipt this Period: 27.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **347.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 587 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Hohenberger

Mailing Address 1100 Adams Street  
Unit 101

City Ames State IA Zip Code 50010-4124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01741  
Amount of Each Receipt this Period: 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Abraham S. Hoin

Mailing Address 209 S. Washington St

City Spokane State WV Zip Code 99201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai01742  
Amount of Each Receipt this Period: 425.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George R. Hokenstad

Mailing Address 29520 Oceanport Road

City Rancho Palos Verde State CA Zip Code 90275-5702

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai01743  
Amount of Each Receipt this Period: 365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 588 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Joe W. Holcomb

Mailing Address 9045 Larston Street

City State Zip Code  
Houston TX 77055-6508

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01744

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ellis Holdiness, Jr.

Mailing Address 269 Hubert Holdiness Road

City State Zip Code  
Louisville MS 39339-6725

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01745

Amount of Each Receipt this Period  
60.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Raylene Holladay

Mailing Address 8926 Ross Lane

City State Zip Code  
New Port Richey FL 34654-5423

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01746

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

560.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 589 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sandra R. Holland

Mailing Address P.O. Box 368

City State Zip Code  
Nantucket MA 02554-0368

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
NANTUCKET HOUSE ANTIQUES Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai01747

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marvin D. Hollenbeck

Mailing Address 3379 Mill Vista Road  
Unit 408

City State Zip Code  
Highlands Ranch CO 80129-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01748

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Marvin D. Hollenbeck

Mailing Address 3379 Mill Vista Road  
Unit 408

City State Zip Code  
Highlands Ranch CO 80129-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01749

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1210.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 590 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larey Holliday

Mailing Address 11001 S.E. 291St Street

City Auburn State WA Zip Code 98092-1909

FEC ID number of contributing federal political committee. **C**

Name of Employer Lgholliday Business Services Occupation Janitorial/Courier

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai01750  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Floyd Holloway, Jr.

Mailing Address 228 Southampton Lane

City Venice State FL Zip Code 34293-4278

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01751  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Keith Holloway

Mailing Address 411 Cashmere Road

City Boise State ID Zip Code 83702-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer Western Health Care Occupation C. E. O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai01752  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 591 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Elwood R Holm

Mailing Address 1238 West Roscoe Street

City State Zip Code  
Chicago IL 60657-1424

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01753

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Katherine E. Holman

Mailing Address 116 Montana Drive

City State Zip Code  
Chadd Ford PA 19317-9283

FEC ID number of contributing federal political committee. **C**

Name of Employer Xonex, Inc. Occupation President / C.E.O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai01754

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Col. & Mrs E. Y. Holt, Jr.

Mailing Address 100 E. Ocean View Avenue  
U.S.M.C. (Ret.)

City State Zip Code  
Norfolk VA 23503-1635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai01755

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

325.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 592 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Nelson W. Holt

Mailing Address P.O. Box 60

City State Zip Code  
Edgewater MD 21037-0060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bausum & Duckett Electric- Electrical Contractor  
al Co

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1005.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01756

Amount of Each Receipt this Period  
1005.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Julie M. Holtze

Mailing Address 5001 Lake Shore Drive

City State Zip Code  
Okoboji IA 51355-2595

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01757

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Peter Holzer

Mailing Address 240 S. Bridge Avenue  
Building 1

City State Zip Code  
Red Bank NJ 07701-1402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Intercontinental Cargo Ex- Executive  
press, Ltd.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai01758

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1555.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 593 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael B. Honan

Mailing Address 4329 Corinth Drive

City Birmingham State AL Zip Code 35213-1836

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardio Vascular Association, P.C. Occupation Cardiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai01759

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John W. Hood, Jr.

Mailing Address 3700 S.W. 30Th Avenue

City Fort Lauderdale State FL Zip Code 33312-6707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai01760

Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John W. Hood, Jr.

Mailing Address 3700 S.W. 30Th Avenue

City Fort Lauderdale State FL Zip Code 33312-6707

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 2009M04L11ai01761

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 900.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 594 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth C. Hood

Mailing Address 10030 E. Chestnut Drive

City State Zip Code  
Sun Lakes AZ 85248-6812

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai01762  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Grant E. Hook

Mailing Address 122 Iris Drive

City State Zip Code  
Cedar Falls IA 50613-6311

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01763  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Martha P. Hoots

Mailing Address P.O. Box 36

City State Zip Code  
Deeth NV 89823-0036

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01764  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 595 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Stuart C. Hope

Mailing Address 694 Debordieu Boulevard

City State Zip Code  
Georgetown SC 29440-7150

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01765

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Teerri Hopkins

Mailing Address 15610 S.E. Bybee Drive

City State Zip Code  
Portland OR 97236-7835

FEC ID number of contributing federal political committee. **C**

Name of Employer Royal Bearing Occupation Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01766

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Pat Horan

Mailing Address 1764 43Rd Road

City State Zip Code  
Heartwell NE 68945-2031

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01767

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 596 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Norman P. Horn

Mailing Address 3112 Castleton Court

City State Zip Code  
Oakton VA 22124-1763

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01768

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Hornaday

Mailing Address 14300 Chenal Parkway #7082

City State Zip Code  
Little Rock AR 72211-5805

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01769

Amount of Each Receipt this Period  
255.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John R. Horne

Mailing Address 112 Muirfield Drive

City State Zip Code  
Ponte Vedra FL 32082-3932

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6900.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01770

Amount of Each Receipt this Period  
6900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7455.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 597 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Hornick

Mailing Address 143 Morgan Farm Drive

City State Zip Code  
Leesburg GA 31763-3572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Sales Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01771

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Diane B. Horsley

Mailing Address 13 Upland Terrace

City State Zip Code  
Allegany NY 14706-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01772

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Anthony Horton

Mailing Address 148 Andover Rd

City State Zip Code  
Billerica MA 01821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Container Store Retail

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01773

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 598 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Donald R Horton, Jr.  
Mailing Address P.O. Box 1634

City State Zip Code  
Ferriday LA 71334-1634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D&D Drilling Self Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9  
Transaction ID: 2009M04L11ai01774  
Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward H. Horton  
Mailing Address P.O. Box 274

City State Zip Code  
Ocean Beach NY 11770-0274

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 505.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 6 / 2 0 0 9  
Transaction ID: 2009M04L11ai01775  
Amount of Each Receipt this Period  
505.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alexander L. Horvath  
Mailing Address 8 Buckskin Ln.

City State Zip Code  
North Hampton NH 03862-2058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9  
Transaction ID: 2009M04L11ai01776  
Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 599 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George Horvath

Mailing Address 4991 S. Azalea Circle

City State Zip Code  
Saint George UT 84790-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01777

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George Horvath

Mailing Address 4991 S. Azalea Circle

City State Zip Code  
Saint George UT 84790-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01778

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dan L. Hosfield

Mailing Address 6811 Shawnee Mission Pkwy.

City State Zip Code  
Shawnee Msn KS 66202-4031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hosfield Associates, Inc. President

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01779

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

410.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 600 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Bertha T. Hoskins

Mailing Address 2202 Spinnaker Court

City Reston State VA Zip Code 20191-4704

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai01780  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jerry W. Hostetter

Mailing Address 12 Berndale Drive

City Westport State CT Zip Code 06880-2742

FEC ID number of contributing federal political committee. **C**

Name of Employer Smithfield Foods, Inc. Occupation Public Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai01781  
Amount of Each Receipt this Period: 270.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Billy Howard

Mailing Address P.O. Box 8217

City Horseshoe Bay State TX Zip Code 78657-8217

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai01782  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **970.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 601 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fredrick W. Howe

Mailing Address 7728 Laramie Court

City State Zip Code  
San Diego CA 92120-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai01783

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger Howe

Mailing Address 667 Lynwood Drive

City State Zip Code  
Encinitas CA 92024-2388

FEC ID number of contributing federal political committee. **C**

Name of Employer Chairman Occupation Reliant Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai01784

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lauren Howell

Mailing Address P.O. Box 419

City State Zip Code  
Pampa TX 79066-0419

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01785

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 602 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Judith Hoyt

Mailing Address 2830 Tanner Lake Trl. NW

City Marietta State GA Zip Code 30064-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai01786

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R. Hruby

Mailing Address 28W440 Main Street

City Warrenville State IL Zip Code 60555-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai01787

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dan Hubbard

Mailing Address 16420 Brandsford Point

City Chesterfield State MO Zip Code 63005-4548

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai01788

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 603 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Hale Hubbell

Mailing Address 888 Brickell Key Drive  
Apartment 1508

City Miami State FL Zip Code 33131

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01789

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Frances F. Huber

Mailing Address P.O. Box 100

City Glen Rock State PA Zip Code 17327-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01790

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Lee Huddleston

Mailing Address 6940 Belinder Avenue

City Mission Hills State KS Zip Code 66208-2760

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01791

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 604 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan L. Hudgens  
Mailing Address 1185 S. 700 W.  
City Heber City State UT Zip Code 84032-5762  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai01792  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Frances D. Hudson  
Mailing Address 18417 Dunblane Court  
City Cornelius State NC Zip Code 28031-7531  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00  
Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai01793  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Sherrie Hudson  
Mailing Address 2312 Cross Bend Road  
City Plano State TX Zip Code 75023-6409  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Thomson Reuters Occupation Technology  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01794  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 605 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth R. Huff

Mailing Address 3962 N. Hackberry Way

City State Zip Code  
**Boise ID 83702-1662**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID: 2009M04L11ai01795**

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don Huffer

Mailing Address P. O. Box 94

City State Zip Code  
**Marshall OK 73056-0094**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID: 2009M04L11ai01796**

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James E. Huffer

Mailing Address 750 S. Ocean Blvd.  
Apartment 14N

City State Zip Code  
**Boca Raton FL 33432-5301**

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID: 2009M04L11ai01797**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 606 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Charles Huffman  
Mailing Address 600 Brownstone Drive

City Gibsonville State NC Zip Code 27249-2854

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai01798  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Dorothy Charles Huffman  
Mailing Address 600 Brownstone Drive

City Gibsonville State NC Zip Code 27249-2854

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai01799  
Amount of Each Receipt this Period 20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles E. Hugel  
Mailing Address P. O. Box 438

City Melvin Village State NH Zip Code 03850-0438

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai01800  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 607 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dale E. Hughes

Mailing Address 704 N.W. 143Rd Street

City State Zip Code  
Edmond OK 73013-1947

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J. & D. Hughes Electric, L.L.C. Electrician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai01801

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Dale E. Hughes

Mailing Address 704 N.W. 143Rd Street

City State Zip Code  
Edmond OK 73013-1947

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J. & D. Hughes Electric, L.L.C. Electrician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01802

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald W. Hughes

Mailing Address 6 Dellwood Court

City State Zip Code  
Hunt Valley MD 21030-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CAMDEN PARTNERS Holdings, L.L.C. Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01803

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 608 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Mako N. Hughes

Mailing Address 55889 Pinehurst

City State Zip Code  
La Quinta CA 92253-4724

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01804

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Vincent S Hughes

Mailing Address 560 Ivanhoe Plaza

City State Zip Code  
Orlando FL 32804-6332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hughes Supply, Inc. Sales

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01805

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Carol Hull

Mailing Address P.O. Box 257

City State Zip Code  
Hermiston OR 97838-0257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C. & H. Fertilizer Office Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01806

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 609 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Larry Hulsey

Mailing Address P.O. Box 1143

City State Zip Code  
Graham TX 76450-1143

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01807

Amount of Each Receipt this Period  
415.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Frances B. Hume

Mailing Address 489 Village Place

City State Zip Code  
Longwood FL 32779-6041

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01808

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rita Hume

Mailing Address 2555 County Road 13A S.

City State Zip Code  
Elkton FL 32033-2719

FEC ID number of contributing federal political committee. **C**

Name of Employer Concrete Conservative Inc Occupation Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01809

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 895.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 610 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Miss Cynthia E. Humphreys

Mailing Address **1347 LaMar Square Drive  
Apartment 203**

City **Austin** State **TX** Zip Code **78704-2242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Self-Employed**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01810

Amount of Each Receipt this Period 45.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Cynthia E. Humphreys

Mailing Address **1347 LaMar Square Drive  
Apartment 203**

City **Austin** State **TX** Zip Code **78704-2242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Self-Employed**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai01811

Amount of Each Receipt this Period 45.00

**C.**

Full Name (Last, First, Middle Initial)  
Miss Cynthia E. Humphreys

Mailing Address **1347 LaMar Square Drive  
Apartment 203**

City **Austin** State **TX** Zip Code **78704-2242**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Self-Employed**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01812

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... 135.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 611 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Ivan H. Humphreys

Mailing Address 1729 Middlefield Road

City Palo Alto State CA Zip Code 94301-3822

FEC ID number of contributing federal political committee. **C**

Name of Employer: Wilson Sonsini Goodrich & Rosa  
Occupation: Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai01813  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary & James Hunt

Mailing Address 609 Mountain View Dr.

City Mesquite State NV Zip Code 89027-2543

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired  
Occupation: Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai01814  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Melvin H. Hunter

Mailing Address P.O. Box 178

City New Milford State PA Zip Code 18834-0178

FEC ID number of contributing federal political committee. **C**

Name of Employer: Snake & Creek Marine  
Occupation: Custom Fabricator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai01815  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 612 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

L. C. Huntley

Mailing Address 1645 San Pablo Drive

City State Zip Code  
Lake San Marcos CA 92069

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai01816

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Fred Hunzeker

Mailing Address 11758 Nicholas Street

City State Zip Code  
Omaha NE 68154-4413

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Tenaska, Inc. Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai01817

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Millard Hurlburt

Mailing Address 1301 County Highway 48

City State Zip Code  
Oneonta NY 13820-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai01818

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) .....

2950.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 613 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Raymond & Eunice Hurm

Mailing Address 7011 N. Wilder Road

City State Zip Code  
Phoenix AZ 85021-8756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01819

Amount of Each Receipt this Period  
240.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Francis Huss

Mailing Address 41 Lake Forest Lane

City State Zip Code  
Saint Charles MO 63301-8716

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01820

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard W. Huss

Mailing Address 8616 Aqueduct Road

City State Zip Code  
Potomac MD 20854-6249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
E.M.T.H.H. Care Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01821

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **790.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 614 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Vernon F. Hutchens  
 Mailing Address 302 Westburg Avenue S.W.  
 City State Zip Code  
 Huntsville AL 35801-3327  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9  
**Transaction ID:** 2009M04L11ai01822  
 Amount of Each Receipt this Period  
 70.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Vernon F. Hutchens  
 Mailing Address 302 Westburg Avenue S.W.  
 City State Zip Code  
 Huntsville AL 35801-3327  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 6 / 2 0 0 9  
**Transaction ID:** 2009M04L11ai01823  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 205.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Charles R. Hutchinson  
 Mailing Address 8502 Da Costa Street  
 City State Zip Code  
 Downey CA 90240-4013  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9  
**Transaction ID:** 2009M04L11ai01824  
 Amount of Each Receipt this Period  
 150.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **320.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 615 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
The Hon. Tzu Y. Hwang

Mailing Address 11768 Roseglen Street

City State Zip Code  
**El Monte CA 91732-1446**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai01825

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
The Hon. Tzu Y. Hwang

Mailing Address 11768 Roseglen Street

City State Zip Code  
**El Monte CA 91732-1446**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai01826

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul E. Hyams

Mailing Address 3833 W. Dallas Street

City State Zip Code  
**Broken Arrow OK 74012-4539**

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01827

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 350.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 616 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
W. B. Hyde

Mailing Address 4715 - 133rd Street N. W.

City State Zip Code  
Gig Harbor WA 98332-8887

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01828

Amount of Each Receipt this Period  
850.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John Hyland, III

Mailing Address 499 Hunt Ln

City State Zip Code  
Manhasset NY 11030-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01829

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bill Ihrig

Mailing Address 202 North Avenue  
P.M.B. 310

City State Zip Code  
Grand Junction CO 81501-7540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01830

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) .....

1310.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 617 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Catherine Inbar

Mailing Address 677 Lakeview Canyon Road

City State Zip Code  
Westlake Village CA 91362-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01831

Amount of Each Receipt this Period  
220.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Russell S. Inboden

Mailing Address 2635 Robert Oliver Avenue

City State Zip Code  
Fernandina Beach FL 32034-6010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01832

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Infinger

Mailing Address 141 Deep Woods Rd

City State Zip Code  
Saint George SC 29477-8708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai01833

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

720.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 618 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald Ingersoll

Mailing Address 1014 County Line Road

City State Zip Code  
Batesville IN 47006-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01834

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald Ingersoll

Mailing Address 1014 County Line Road

City State Zip Code  
Batesville IN 47006-9009

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01835

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Inglis

Mailing Address 300 International Parkway

City State Zip Code  
Sunrise FL 33325-6240

FEC ID number of contributing federal political committee. **C**

Name of Employer Hydraulic Supply Co. Occupation Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01836

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 619 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Diane Ingold

Mailing Address 373 Harvest Run

City State Zip Code  
Mc Donough GA 30252-4048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Henry County Board Of Education Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01837

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Peter A. Iovino

Mailing Address 1823 Solitaire Lane

City State Zip Code  
Mc Lean VA 22101-4235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai01838

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald L. Irvin

Mailing Address 24 Clouser Court

City State Zip Code  
Martinsburg WV 25405-7581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01839

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 620 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Phillip D Irwin

Mailing Address 586 Rio Verde Lane

City State Zip Code  
Grand Junction CO 81507-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01840

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Phillip D Irwin

Mailing Address 586 Rio Verde Lane

City State Zip Code  
Grand Junction CO 81507-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01841

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Darrel C. Isaak

Mailing Address 4597 Road 6.5 N.E.

City State Zip Code  
Moses Lake WA 98837-8933

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01842

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 621 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig Iseli

Mailing Address 209 Forest Avenue

City State Zip Code  
Oak Park IL 60302-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01843

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brett Ison

Mailing Address 1085 Spring Br.

City State Zip Code  
Jeremiah KY 41826-8806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unison Insurance Group, Inc Insurance Broker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01844

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Curtis B. Jackson

Mailing Address P.O. Box 148

City State Zip Code  
Goldsboro NC 27533-0148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01845

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 622 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Marilyn L. Jackson

Mailing Address 11501 SE Skyline Drive

City State Zip Code  
Santa Ana CA 92705-2400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Owner Escrow Company

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01846

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Phil Jackson

Mailing Address 5181 N. Corral Canyon Place

City State Zip Code  
Tucson AZ 85749-4980

FEC ID number of contributing federal political committee. **C**

Name of Employer J-Com, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01847

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City State Zip Code  
Bradenton FL 34202-6302

FEC ID number of contributing federal political committee. **C**

Name of Employer Bechtel Jacobs Company L.-L.C. Occupation Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01848

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 623 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City State Zip Code  
Bradenton FL 34202-6302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bechtel Jacobs Company L.- L.C. Project Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01849

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip K. Jackson

Mailing Address 21804 Deer Pointe Xing

City State Zip Code  
Bradenton FL 34202-6302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bechtel Jacobs Company L.- L.C. Project Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 600.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01850

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Robert E. Jackson, III

Mailing Address 4205 Palacio Drive

City State Zip Code  
Amarillo TX 79109-5027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amarillo Heart Group Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 345.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01851

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 624 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Jacob

Mailing Address 35 Great Hill Road

City State Zip Code  
Kennebunk ME 04043-7402

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai01852

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Herbert A. Jacobi

Mailing Address 234 Palmo Way

City State Zip Code  
Palm Beach FL 33480-3135

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai01853

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Herbert A. Jacobi

Mailing Address 234 Palmo Way

City State Zip Code  
Palm Beach FL 33480-3135

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai01854

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 650.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 625 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Jacobs

Mailing Address 8622 Braddock Ave

City State Zip Code  
Alexandria VA 22309-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01855

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Jacobs

Mailing Address 8622 Braddock Ave

City State Zip Code  
Alexandria VA 22309-2021

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01856

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
Apartment 307

City State Zip Code  
Oakland CA 94610-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01857

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **180.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 626 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
Apartment 307

City State Zip Code  
Oakland CA 94610-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01858

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
Apartment 307

City State Zip Code  
Oakland CA 94610-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01859

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Erik A. Jacobson

Mailing Address 301 Lenox Avenue  
Apartment 307

City State Zip Code  
Oakland CA 94610-4617

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01860

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 628 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. R. Bryan Jamar

Mailing Address P.O. Box 9263

City State Zip Code  
Santa Rosa CA 95405-1263

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01864

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. R. Bryan Jamar

Mailing Address P.O. Box 9263

City State Zip Code  
Santa Rosa CA 95405-1263

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai01865

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth James

Mailing Address 706 Willington Square Way

City State Zip Code  
Newark DE 19711-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Sft Inc. Occupation Chemist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01866

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 629 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Kenneth James

Mailing Address 706 Willington Square Way

City State Zip Code  
Newark DE 19711-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sft Inc. Chemist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01867

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Stephan A. James

Mailing Address 3030 Cliff Overlook

City State Zip Code  
Spicewood TX 78669-7506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01868

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Janakus

Mailing Address 10461 Warwick Falls Court

City State Zip Code  
Las Vegas NV 89144-1398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Station Casinos, Inc. Design & Construction Owners R

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01869

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 630 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Vladislav Jankulov

Mailing Address 44505 White Pine Circle E.

City Northville State MI Zip Code 48168-4352

FEC ID number of contributing federal political committee. **C**

Name of Employer Drs. HBWS, P.C. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai01870  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward L. Jaroski

Mailing Address 3127 Noble Lakes Lane

City Houston State TX Zip Code 77082-6810

FEC ID number of contributing federal political committee. **C**

Name of Employer Capstone Occupation Investment Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai01871  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Todd S. Jarrell

Mailing Address 6901 Hilltop Court

City Columbus State GA Zip Code 31904-2287

FEC ID number of contributing federal political committee. **C**

Name of Employer Urology Associates Of Columbus Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai01872  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 631 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Robert & Doreen Jaudes

Mailing Address 231 Fox Chapel Lane

City State Zip Code  
Chesterfield MO 63005-6905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai01873

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen Jehle

Mailing Address 7726 Visonary Court

City State Zip Code  
Manassas VA 20112-7533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
P&J Arcomet, Llc. Owner

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai01874

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kent C. Jenkins

Mailing Address 3607 Everest Court

City State Zip Code  
Montgomery AL 36106-3342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01875

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 632 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Alvin K. Jennings  
Mailing Address 1221 N.W. 50Th Road

City State Zip Code  
Holden MO 64040-9385

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01876

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Raymond Jennings  
Mailing Address 366 Oak Drive

City State Zip Code  
Arnold MD 21012-1068

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01877

Amount of Each Receipt this Period  
310.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Charlotte E. Jensen  
Mailing Address 178 Wildwood Bay Drive

City State Zip Code  
Mahtomedi MN 55115-1443

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01878

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 633 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Evelyn Jensen

Mailing Address P.O. Box 530335

City Harlingen State TX Zip Code 78553-0335

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai01879

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mary Jean Jensen

Mailing Address 1701 Auburn Lakes Drive

City Venice State FL Zip Code 34292

FEC ID number of contributing federal political committee. **C**

Name of Employer Evanson-Jensen Funeral Homes Occupation Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 2009M04L11ai01880

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stanley Jensen

Mailing Address 300 Lightning Ranch Rd.

City Georgetown State TX Zip Code 78628-6856

FEC ID number of contributing federal political committee. **C**

Name of Employer lbn Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai01881

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 634 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Admiral & David E. Jeremiah

Mailing Address 2890 Melanie Lane

City State Zip Code  
Oakton VA 22124-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01882

Amount of Each Receipt this Period: 600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Jessen

Mailing Address 10113 Pinnacle View Pl.

City State Zip Code  
Las Vegas NV 89134-2553

FEC ID number of contributing federal political committee. **C**

Name of Employer Omicrow Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai01883

Amount of Each Receipt this Period: 110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Jett

Mailing Address 7833 Surfcrest Court

City State Zip Code  
Las Vegas NV 89128-6808

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01884

Amount of Each Receipt this Period: 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **930.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 635 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Felix Jimenez

Mailing Address 6423 E. MacClaurin Drive

City Tampa State FL Zip Code 33647-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai01885  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Courtney John

Mailing Address 2135 Seminole Road

City Atlantic Beach State FL Zip Code 32233-5921

FEC ID number of contributing federal political committee. **C**

Name of Employer Horizon Lines Occupation Marine Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai01886  
Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alex J. Johnson

Mailing Address 6102 Harvester Court

City Burke State VA Zip Code 22015-3235

FEC ID number of contributing federal political committee. **C**

Name of Employer Jb Management, Inc. Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai01887  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 636 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Alice Johnson

Mailing Address P.O. Box 3829

City Orlando State FL Zip Code 32802-3829

FEC ID number of contributing federal political committee. **C**

Name of Employer One Source Roofing, Inc Occupation Small Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai01888

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice M. Johnson

Mailing Address 5990 Camino De La Costa

City La Jolla State CA Zip Code 92037-6550

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai01889

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Arnold S. Johnson

Mailing Address 8610 Birchwood Hills Rd.

City Lake Shore State MN Zip Code 56468-2509

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2009

Transaction ID: 2009M04L11ai01890

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 637 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Aubrey K. Johnson

Mailing Address P.O. Box 5047

City

Sun City West

State

AZ

Zip Code

85376-5047

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01891

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles T. Johnson

Mailing Address 263 Sunnybrook Lane

City

El Dorado

State

AR

Zip Code

71730-8595

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01892

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Clarence Johnson

Mailing Address 148 5Th Avenue N.

City

Franklin

State

TN

Zip Code

37064-2606

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01893

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 638 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Craig A. Johnson

Mailing Address 9670 Falls Of Rough Road

City Falls Rough State KY Zip Code 40119-6844

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai01894  
Amount of Each Receipt this Period: 105.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Damon Johnson

Mailing Address 3501 N. Coltrane Road

City Edmond State OK Zip Code 73034-8356

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai01895  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Dolores C. Johnson

Mailing Address 5803 Seashore Drive

City Newport Beach State CA Zip Code 92663-2027

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai01896  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **655.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 639 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Franklin Johnson

Mailing Address 151 E. Pike Rd

City State Zip Code  
Falkville AL 35622

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01897

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Glen Johnson

Mailing Address 122 San Benito Avenue

City State Zip Code  
Aptos CA 95003-4415

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01898

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Johnson

Mailing Address 117 Colesbury Drive

City State Zip Code  
New Castle DE 19720-3203

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01899

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 640 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Johnny Johnson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 1249 N. Lavergne Avenue  | <b>Transaction ID:</b> 2009M04L11ai01900            |
|           | City State Zip Code<br>Chicago IL 60651-1553   | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Self Employed<br>Occupation Small Business Owner<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>230.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Johnny Johnson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 1249 N. Lavergne Avenue  | <b>Transaction ID:</b> 2009M04L11ai01901            |
|           | City State Zip Code<br>Chicago IL 60651-1553   | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Self Employed<br>Occupation Small Business Owner<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>230.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Kathleen Johnson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 5607 Pine Arbor Drive   | <b>Transaction ID:</b> 2009M04L11ai01902            |
|           | City State Zip Code<br>Houston TX 77066-2434  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 641 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Leonard Johnson

Mailing Address 1562 East 3Rd Street

City State Zip Code  
Moscow ID 83843-3791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai01903

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Linda Johnson

Mailing Address 100 Street Of Dreams

City State Zip Code  
Village Of Loch LI MO 64012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Business Solutions Networ- President & Ceo  
k, In

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai01904

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Linnea K. Johnson

Mailing Address 1781 Taylorsville Rd

City State Zip Code  
Taylorsville GA 30178-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Janus Intl Sales

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01905

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

850.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 642 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Ms. Madolyn Johnson  
 Mailing Address P.O. Box 428  
 City State Zip Code  
**Itasca IL 60143-1974**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**03 16 2009**  
**Transaction ID: 2009M04L11ai01906**  
 Amount of Each Receipt this Period  
**500.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wicker World Enterprises, Inc. Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Mark W. Johnson  
 Mailing Address 66 Smokestone Drive  
 City State Zip Code  
**The Woodlands TX 77381-3820**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**03 04 2009**  
**Transaction ID: 2009M04L11ai01907**  
 Amount of Each Receipt this Period  
**250.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Requested  
 Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Marlin William Johnson  
 Mailing Address 1574 Elm Street  
 City State Zip Code  
**San Carlos CA 94070-4944**  
 Date of Receipt  
 M M / D D / Y Y Y Y  
**03 06 2009**  
**Transaction ID: 2009M04L11ai01908**  
 Amount of Each Receipt this Period  
**50.00**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Retired  
 Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
**300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 643 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Marlin William Johnson

Mailing Address 1574 Elm Street

City San Carlos State CA Zip Code 94070-4944

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai01909

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Ann Johnson

Mailing Address 1510 Braiden Rd.

City Dalton State GA Zip Code 30720-5104

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 2009M04L11ai01910

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Johnson

Mailing Address 2006 Daisy Lane

City Jefferson City State MO Zip Code 65109-1810

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai01911

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 644 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Warren Johnson

Mailing Address 8502 N. 94Th Avenue

City Peoria State AZ Zip Code 85345-7702

FEC ID number of contributing federal political committee. **C**

Name of Employer Paradise Valley Family Medicine Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY 03 / 11 / 2009

Transaction ID: 2009M04L11ai01912

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Col. William R. Johnson

Mailing Address 5103 Redwing Drive

City Alexandria State VA Zip Code 22312-2044

FEC ID number of contributing federal political committee. **C**

Name of Employer General Dynamics Occupation Contract Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt MM / DD / YYYY 03 / 25 / 2009

Transaction ID: 2009M04L11ai01913

Amount of Each Receipt this Period 220.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Wilma Johnson

Mailing Address 1342 W. Laurel Road

City London State KY Zip Code 40741-8209

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 31 / 2009

Transaction ID: 2009M04L11ai01914

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **570.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 645 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Johnston

Mailing Address 8203 Glenn Elm Drive

City State Zip Code  
Spring TX 77379-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jnet It Services Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai01915

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger M. Johnston

Mailing Address 2028 Knollshire Rd. NE

City State Zip Code  
Cedar Rapids IA 52402-2861

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai01916

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bryan L. Jones

Mailing Address 19175 Industrial Boulevard #A

City State Zip Code  
Elk River MN 55330-2455

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
S.M.I. Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai01917

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 646 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Jones

Mailing Address P.O. Box 417

City Marshall State TX Zip Code 75671-0417

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai01918

Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Jones

Mailing Address 993 Baumann Dr. N.

City Floyd's Knobs State IN Zip Code 47119-8834

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai01919

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas W Jones

Mailing Address 26477 Rancho Parkway South

City Lake Forest State CA Zip Code 92630-8326

FEC ID number of contributing federal political committee. **C**

Name of Employer Jones Associates Occupation Financial Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai01920

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 510.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 647 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. Elton Jones

Mailing Address 3797 Longhorn Drive

City State Zip Code  
Hamilton OH 45013-8426

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01921

Amount of Each Receipt this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Elton Jones

Mailing Address 3797 Longhorn Drive

City State Zip Code  
Hamilton OH 45013-8426

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01922

Amount of Each Receipt this Period  
50.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Gary Jones

Mailing Address 159 Horns Ford Lane

City State Zip Code  
Ocoee TN 37361-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01923

Amount of Each Receipt this Period  
100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

250.00

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 648 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary Jones

Mailing Address 159 Horns Ford Lane

City State Zip Code  
Ocoee TN 37361-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      550.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01924

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. H.L. Dick Jones

Mailing Address 1004 Lake Winds Drive

City State Zip Code  
Birmingham AL 35244-3243

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01925

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Hoyle C. Jones

Mailing Address P.O. Box 169

City State Zip Code  
Mill Neck NY 11765-0169

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai01926

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 649 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Irene Jones

Mailing Address 2137 Hidden Creek Road

City State Zip Code  
Forth Worth TX 76107-3563

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 2 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01927

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jenk Jones, Jr.

Mailing Address 6447 S. Louisville Avenue

City State Zip Code  
Tulsa OK 74136-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01928

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Jerry W. Jones

Mailing Address 703 Glenbrook Dr.

City State Zip Code  
Middletown MD 21769-7753

FEC ID number of contributing federal political committee. **C**

Name of Employer I.B.M. Corporation Occupation Sales Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 6 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai01929

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 650 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Luther Jones         |                          | Date of Receipt   |
|   | Mailing Address 50 Kahdena Road                                     |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 12 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Morristown  | NJ                       | 07960-3523  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai01930  |
| Name of Employer<br>Sonneborn, Inc.   |   | Occupation<br>Sales      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>250.00  |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Jones           |                          | Date of Receipt   |
|   | Mailing Address 25306 Fawn Point Ct.                                |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Spring  | TX                       | 77389-3892  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai01931  |
| Name of Employer Requested  |   | Occupation Requested     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>125.00  |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Jones           |                          | Date of Receipt   |
|   | Mailing Address 25306 Fawn Point Ct.                                |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Spring  | TX                       | 77389-3892  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai01932  |
| Name of Employer Requested  |   | Occupation Requested     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>100.00  |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br><b>475.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 651 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary V. Jones

Mailing Address 120 Heritage Pointe

City Morgantown State WV Zip Code 26505-2830

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai01933  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Oakah L. Jones

Mailing Address 1435 Wagon Train Drive S.E.

City Albuquerque State NM Zip Code 87123-4299

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01934  
Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia L. Jones

Mailing Address 1705 Mason Hill Drive

City Alexandria State VA Zip Code 22307-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Inova Health System Occupation Hospital Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai01935  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **640.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 652 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul L. Jones

Mailing Address 2209 Delaware Drive

City State Zip Code  
Ann Arbor MI 48103-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01936

Amount of Each Receipt this Period  
140.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul L. Jones

Mailing Address 2209 Delaware Drive

City State Zip Code  
Ann Arbor MI 48103-6150

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai01937

Amount of Each Receipt this Period  
140.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Jones

Mailing Address 9219 Appolds Road

City State Zip Code  
Rocky Ridge MD 21778-9223

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01938

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **530.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 653 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Vivian Jones

Mailing Address 903 Brentwood Drive

City State Zip Code  
Etowah TN 37331-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai01939

Amount of Each Receipt this Period  
180.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Vivian Jones

Mailing Address 903 Brentwood Drive

City State Zip Code  
Etowah TN 37331-1802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai01940

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Jones

Mailing Address 1618 Buschong St.

City State Zip Code  
Houston TX 77039-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Raven Mechanical Contractor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai01941

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 654 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Jones

Mailing Address 1734 Stone Hollow Court

City Bountiful State UT Zip Code 84010-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai01942  
Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Jones

Mailing Address 1734 Stone Hollow Court

City Bountiful State UT Zip Code 84010-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai01943  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Howell Jones Jr.

Mailing Address P.O. Box 40

City Sheldon State SC Zip Code 29941-0040

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai01944  
Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 655 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Chalmer Jordan

Mailing Address P.O. Box 575

City State Zip Code  
Saegertown PA 16433-0828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Saegertown Manufacturing Ceo

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01945

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. J. R. Jordan

Mailing Address 3104 West U.S. Highway 86

City State Zip Code  
Brawley CA 92227-9608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai01946

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Kara Jordan

Mailing Address 119 Willow Springs Lane

City State Zip Code  
Aledo TX 76008-2767

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai01947

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 656 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Pendleton A. Jordan, III

Mailing Address 6391 Phillip Court

City State Zip Code  
Springfield VA 22152-2844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01948

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard E. Jordan, II

Mailing Address 4 Foxtail Court

City State Zip Code  
Mechanicsburg PA 17050-8501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Smith Land & Improvement Corporation C.E.O.

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01949

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Tom N. Jordan, Jr.

Mailing Address P.O. Box 1919

City State Zip Code  
Healdsburg CA 95448-1919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jordan Oil & Gas Company President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 15000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai01950

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional) .....

15550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 657 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dan Jorndt

Mailing Address 1038 Cayuga Drive

City State Zip Code  
Northbrook IL 60062-4306

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai01951

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Joseph

Mailing Address 365 S. Hudson Avenue

City State Zip Code  
Los Angeles CA 90020-4803

FEC ID number of contributing federal political committee. **C**

Name of Employer Mercury Insurance Group      Occupation Chairman

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai01952

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth L. Josselyn

Mailing Address 250 E. 87Th Street  
Apartment 9C

City State Zip Code  
New York NY 10128-3159

FEC ID number of contributing federal political committee. **C**

Name of Employer Goldman, Sachs & Co.      Occupation Lawyer

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai01953

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 658 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Joe Joyce

Mailing Address 3 Thorntree

City State Zip Code  
Longview TX 75601-4797

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai01954

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Clara M. Judy

Mailing Address 5591 U.S. Hwy 27 S.

City State Zip Code  
Cynthiana KY 41031-7426

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01955

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Juhasz

Mailing Address 1540 Calais Dr.

City State Zip Code  
Miami Beach FL 33141-3509

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01956

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 659 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Jerry G Jumper

Mailing Address 13509 Bullion Ct

City State Zip Code  
Corpus Christi TX 78418-6907

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai01957

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janeen Jydstруп

Mailing Address P.O. Box 281

City State Zip Code  
Bay Center WA 98527-0281

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai01958

Amount of Each Receipt this Period  
330.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Evelyn & John Kafura

Mailing Address 5275 Chesapeake Court

City State Zip Code  
Oshkosh WI 54901-1334

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai01959

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **830.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 660 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Sholly & Cynthia Kagan

Mailing Address P.O. Box 8128

City State Zip Code  
Alta UT 84092-0447

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01960

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Bill Kahlstorf

Mailing Address 830 Debeau Street

City State Zip Code  
Tupelo MS 38804-1001

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01961

Amount of Each Receipt this Period  
305.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Donald Kaiserman

Mailing Address P.O. Box 635

City State Zip Code  
West Covina CA 91793-3412

FEC ID number of contributing federal political committee. **C**

Name of Employer Valley Imaging Partnership Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai01962

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1105.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 661 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Kaley

Mailing Address 65 Columbus Avenue  
Apartment 310

City Pittsfield State MA Zip Code 01201-5094

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01963

Amount of Each Receipt this Period  
18.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Kaley

Mailing Address 65 Columbus Avenue  
Apartment 310

City Pittsfield State MA Zip Code 01201-5094

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01964

Amount of Each Receipt this Period  
18.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert J. Kalina

Mailing Address 106 Mohawk Circle

City Lake Kiowa State TX Zip Code 76240-9067

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 2009M04L11ai01965

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 61.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 662 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>William Kaman            |                          | Date of Receipt   |
|   | Mailing Address 915 Beachside Ln                                    |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Huron   | OH                       | 44839-1958  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai01966  |
| Name of Employer<br>Matrix Automation Inc.  |   | Occupation<br>President  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>300.00  |

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey M. Kammerer  |                                 | Date of Receipt   |
|   | Mailing Address 300 Windlake Ct.                                    |                                 | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                           | Zip Code  |
|   | Alpharetta  | GA                              | 30022-3238  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                 | <b>Transaction ID:</b> 2009M04L11ai01967  |
| Name of Employer<br>Pricewaterhousecoopers  |   | Occupation<br>Public Accountant | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼        | <input type="text"/><br>1000.00   |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Helen Kamp           |                          | Date of Receipt   |
|   | Mailing Address 1835 Michigan Street NE #2                          |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 18 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Grand Rapids  | MI                       | 49503-2108  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai01968  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>260.00  |

|  |                                 |
|--|---------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>1540.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 663 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Kandoll

Mailing Address 3158 Garfield Street

City State Zip Code  
Longview WA 98632-2754

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01969

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Martin Kane

Mailing Address 211 Everit Avenue

City State Zip Code  
Hewlett NY 11557-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Healthplex Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01970

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. David Karam

Mailing Address 2380 Onandaga Drive

City State Zip Code  
Columbus OH 43221-3618

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedar Enterprises, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai01971

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1180.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 664 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. J. David Karam

Mailing Address 2380 Onandaga Drive

City Columbus State OH Zip Code 43221-3618

FEC ID number of contributing federal political committee. **C**

Name of Employer Cedar Enterprises, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01972

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Stephen M. Karlovits

Mailing Address 100 Maplewood Drive

City Wexford State PA Zip Code 15090-8560

FEC ID number of contributing federal political committee. **C**

Name of Employer Allegheny General Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai01973

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger Karsten

Mailing Address P.O. Box 3326

City Carbondale State IL Zip Code 62902-3326

FEC ID number of contributing federal political committee. **C**

Name of Employer Simco Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt MM / DD / YYYY 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01974

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 665 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Mary B. Kasbohm  | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address 149 Fleetwood Terrace  | <b>Transaction ID:</b> 2009M04L11ai01975            |
|           | City State Zip Code<br>Williamsville NY 14221-4469   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Mary B. Kasbohm  | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|           | Mailing Address 149 Fleetwood Terrace  | <b>Transaction ID:</b> 2009M04L11ai01976            |
|           | City State Zip Code<br>Williamsville NY 14221-4469   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Duke Kassolis   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address 1436 Gormican Lane   | <b>Transaction ID:</b> 2009M04L11ai01977            |
|           | City State Zip Code<br>Naples FL 34110-0935  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer None Occupation Ret.<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 666 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nick Katradis

Mailing Address 107 Buckingham Road

City Tenafly State NJ Zip Code 07670-3103

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai01978  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Vickie Kaufman

Mailing Address 2730 San Miguel Way

City San Carlos State CA Zip Code 94070-3609

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai01979  
Amount of Each Receipt this Period: 225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wayne C. Kaufmann

Mailing Address 841 Kingsgate Drive

City O. Fallon State MO Zip Code 63368-4799

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai01980  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1725.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 667 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Keating

Mailing Address 6709 N. Classen Boulevard

City State Zip Code  
Oklahoma City OK 73116-7308

FEC ID number of contributing federal political committee. **C**

Name of Employer Topographic, Inc. Occupation Chief Executive Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai01981

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matt Keeley

Mailing Address 564 Mayfair Lane

City State Zip Code  
Naperville IL 60565-5387

FEC ID number of contributing federal political committee. **C**

Name of Employer Caterpillar Inc Occupation Operations Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01982

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph S. Keely

Mailing Address P.O. Box 134

City State Zip Code  
Stevenson MD 21153

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01983

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2875.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 668 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Daniel Keh

Mailing Address 99 John St Apt 1014

City State Zip Code  
New York NY 10038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Marathon Asset Management Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01984

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Keith

Mailing Address 904 Sea Girt Avenue

City State Zip Code  
Sea Girt NJ 08750-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
National Electric Wire Co-mpany, Inc. General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01985

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alan R. Keith

Mailing Address 904 Sea Girt Avenue

City State Zip Code  
Sea Girt NJ 08750-1932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
National Electric Wire Co-mpany, Inc. General Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01986

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 650.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 669 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas E. Keller

Mailing Address 22798 River Chase Lane

City State Zip Code  
Defiance OH 43512-6871

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01987

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Merry Kelley

Mailing Address 220 S. Blairsferry Crossing

City State Zip Code  
Hiawatha IA 52233-7947

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01988

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Jack L. & Beatrice L Kellogg

Mailing Address 890 Vernon Heights Blvd.

City State Zip Code  
Marion OH 43302-5383

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai01989

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 670 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Colin P. Kelly

Mailing Address 840 Appletree Lane

City State Zip Code  
Glenview IL 60025-3202

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai01990

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Donald S. Kelly

Mailing Address 29 Amsterdam Rd.

City State Zip Code  
Grove City PA 16127-3401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01991

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Kelly

Mailing Address 2440 Bethel Road

City State Zip Code  
Liberty MS 39645-8182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai01992

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 671 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry Kelly

Mailing Address 3314 Roosevelt Drive

City State Zip Code  
Arlington TX 76016-6011

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-States Energy Coo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai01993

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas E. Kelly

Mailing Address The Highlands

City State Zip Code  
Shoreline WA 98177-5004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai01994

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas L. Kelly

Mailing Address 2500 Ok Highway 78 E.

City State Zip Code  
Tishomingo OK 73460-4905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai01995

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **385.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 672 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Jack Kelso

Mailing Address 1309 Mount Vernon Street

City State Zip Code  
Ennis TX 75119-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai01996

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert D. Kemp

Mailing Address 4503 N. Lakewood Drive

City State Zip Code  
Saint Joseph MO 64506-4505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai01997

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dean M. Kennedy, III

Mailing Address 1004 S. Sierra Vista Ave

City State Zip Code  
Alhambra CA 91801-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Consona Erp Inc Programmer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai01998

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

400.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 673 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dean M. Kennedy, III

Mailing Address 1004 S Sierra Vista Ave

City Alhambra State CA Zip Code 91801-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Rbs, Inc Occupation Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai01999

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. John P. Kennedy

Mailing Address 1832 Turkeyfoot Lake Rd # W.

City Barberton State OH Zip Code 44203-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02000

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Joseph P. Kennedy

Mailing Address 404 Clinton Road

City Lexington State KY Zip Code 40502-2356

FEC ID number of contributing federal political committee. **C**

Name of Employer Kennedy Book Store Occupation Book Store Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai02001

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2950.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 674 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roger B. Kennedy

Mailing Address 633 N. Longview Pl.

City Longwood State FL Zip Code 32779-6016

FEC ID number of contributing federal political committee. **C**

Name of Employer Roger Kennedy, Inc Occupation Constrction Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02002

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph F. Kennell

Mailing Address 900 W. Grand Oak Drive

City Peoria State IL Zip Code 61615-1150

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02003

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jerome P. Kenney

Mailing Address 1136 Fifth Avenue  
Apartment 13-A

City New York State NY Zip Code 10128-0122

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02004

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 675 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Douglas R. Kenny     |                          | Date of Receipt  |
|   | Mailing Address 11414 Rustic Pine Court                             |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 16 / 2009 |
|   | City  | State                    | Zip Code   |
|   | Riverview   | FL                       | 33569-4651   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai02005   |
| Name of Employer<br>Precision Communcation Services   |   | Occupation<br>Executive  | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/> 1500.00   |

|   |   |                             |  |
|---|---|-----------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe Kenworthy        |                             | Date of Receipt  |
|   | Mailing Address 3800 W. 71st St. Apartment 2111                     |                             | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 02 / 2009 |
|   | City  | State                       | Zip Code   |
|   | Tulsa   | OK                          | 74132-2154   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02006   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 400.00  |

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Frances M. Kenyon   |                          | Date of Receipt  |
|   | Mailing Address 762 East 19Th Street                                |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y<br>03 / 13 / 2009 |
|   | City  | State                    | Zip Code   |
|   | San Bernardino  | CA                       | 92404-4805   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai02007   |
| Name of Employer<br>Requested   |   | Occupation<br>Requested  | Amount of Each Receipt this Period   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/> 235.00  |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 676 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Maj Richard D. Kern, Sr. |                                 | Date of Receipt   |
|   | Mailing Address 2110 Valley Avenue                                  |                                 | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                           | Zip Code  |
|   | Winchester  | VA                              | 22601-2754  |
|   | FEC ID number of contributing federal political committee.          | <b>C</b>                        | Transaction ID: 2009M04L11ai02008   |
| Name of Employer<br>Kern Motor Company  |   | Occupation<br>Automobile Dealer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼        | <input type="text"/>  |
|   |   | <input type="text"/> 250.00     | <input type="text"/> 100.00   |

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Maj Richard D. Kern, Sr. |                                 | Date of Receipt   |
|   | Mailing Address 2110 Valley Avenue                                  |                                 | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                           | Zip Code  |
|   | Winchester  | VA                              | 22601-2754  |
|   | FEC ID number of contributing federal political committee.          | <b>C</b>                        | Transaction ID: 2009M04L11ai02009   |
| Name of Employer<br>Kern Motor Company  |   | Occupation<br>Automobile Dealer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼        | <input type="text"/>  |
|   |   | <input type="text"/> 250.00     | <input type="text"/> 100.00   |

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Maj Richard D. Kern, Sr. |                                 | Date of Receipt   |
|   | Mailing Address 2110 Valley Avenue                                  |                                 | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                           | Zip Code  |
|   | Winchester  | VA                              | 22601-2754  |
|   | FEC ID number of contributing federal political committee.          | <b>C</b>                        | Transaction ID: 2009M04L11ai02010   |
| Name of Employer<br>Kern Motor Company  |   | Occupation<br>Automobile Dealer | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼        | <input type="text"/>  |
|   |   | <input type="text"/> 250.00     | <input type="text"/> 50.00  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 677 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew W. Kerr

Mailing Address 1 Northwood Drive

City State Zip Code  
San Francisco CA 94112-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rogers Benefit Group Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02011

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Kerr

Mailing Address 20462 Brentstone Lane

City State Zip Code  
Huntingtn Bch CA 92646-5123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Constructor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02012

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Ann. Kesicki

Mailing Address 3601 S. Ogden Street

City State Zip Code  
Cherry Hills Villa CO 80113-7507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kitchen Gallery, Ltd. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02013

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **805.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 678 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Ann. Kesicki

Mailing Address 3601 S. Ogden Street

City State Zip Code  
Cherry Hills Villa CO 80113-7507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kitchen Gallery, Ltd. Owner

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 305.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02014

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ali Keskin

Mailing Address 5831 Invincible Drive

City State Zip Code  
Jamesville NY 13078-9583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stawirle Aqua Store, In- c. Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02015

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margery Keskin

Mailing Address 5831 Invincible Drive

City State Zip Code  
Jamesville NY 13078-9583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J.A. Lange, Inc. Treasurer

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02016

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 679 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Merton H. Kesselring

Mailing Address P.O. Box 953

City State Zip Code  
Zephyrhills FL 33539-0953

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02017

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Merton H. Kesselring

Mailing Address P.O. Box 953

City State Zip Code  
Zephyrhills FL 33539-0953

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02018

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Alexandra L. Kieffer

Mailing Address 3013 Hawthorne Blvd.

City State Zip Code  
Saint Louis MO 63104-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02019

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 680 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Charlene Kilgore       |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |   |  |
|   | Mailing Address 11305 Bruce Drive                                      |                                     | <b>Transaction ID:</b> 2009M04L11ai02020            |   |  |
|   | City<br>Jacksonville   | State<br>FL                         | Zip Code<br>32218-4117                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |   |   |  |
|   | Name of Employer<br>Self-Employed                                      |                                     | Occupation<br>Self-Employed                         |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Scott Killian               |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |  |  |
|   | Mailing Address 56 Hamlin Brook Pass                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai02021            |  |  |
|   | City<br>Southington  | State<br>CT                        | Zip Code<br>06489-2191                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
|   | Name of Employer<br>Dechert Llp  |                                    | Occupation<br>Attorney                              |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Douglas Kimmelman |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |   |  |
|   | Mailing Address 130 Overleigh Road                                      |                                     | <b>Transaction ID:</b> 2009M04L11ai02022            |   |  |
|   | City<br>Bernardsville   | State<br>NJ                         | Zip Code<br>07924-1519                              | Amount of Each Receipt this Period<br>2500.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     |   |   |  |
|   | Name of Employer<br>Energy Capital Partners                             |                                     | Occupation<br>Investment Fund Manager               |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>2500.00 |   |   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>4000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 681 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judith Kindred

Mailing Address 10291 W. Highway 40

City Ocala State FL Zip Code 34482-2567

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02023

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Kindy

Mailing Address 405 Oakhill Drive

City Conroe State TX Zip Code 77304-1903

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02024

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Fr. Brian G. King

Mailing Address 9995 N. Military Trail

City Palm Beach Gardens State FL Zip Code 33410-5460

FEC ID number of contributing federal political committee. **C**

Name of Employer Diocese Of Palm Beach Occupation Priest

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02025

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 682 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Elsie M. King

Mailing Address 1721 Bannister Road

City Anchorage State AK Zip Code 99508-4020

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02026

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John B. King

Mailing Address 13031 Fairway Lane

City Ashland State VA Zip Code 23005-3134

FEC ID number of contributing federal political committee. **C**

Name of Employer Anicon Corporation Occupation D. O. D. Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02027

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mitzi M. King

Mailing Address 791 Pen Shell Drive

City Sanibel State FL Zip Code 33957-4913

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02028

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 683 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Stanley King         |                             | Date of Receipt   |
|   | Mailing Address 620 Petunia Road                                    |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 02 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Wytheville  | VA                          | 24382-1323  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02029  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>618.00  |

|   |   |   |   |
|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Terry King           |   | Date of Receipt   |
|   | Mailing Address 530 Brookwood Drive                                 |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City  | State                                       | Zip Code  |
|   | Woodway   | TX  | 76712-3213  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   | <b>Transaction ID:</b> 2009M04L11ai02030  |
| Name of Employer<br>Hillcrest Baptist Hospital  |   | Occupation<br>Computerized Sonography Tech. | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                    | <input type="text"/><br>660.00  |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Thomas D. King, Jr.  |                          | Date of Receipt   |
|   | Mailing Address P.O. Box 741  |                          | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 17 / 2009 |
|   | City  | State                    | Zip Code  |
|   | Kilauea   | HI                       | 96754-0741  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai02031  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text"/><br>500.00  |

|  |                                 |
|--|---------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>1448.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 684 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Harry Kingsbery

Mailing Address 6350 Etheridge Lane

City State Zip Code  
Manassas VA 20112-8820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02032

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Donald E. Kinney

Mailing Address 3 Eagle Way

City State Zip Code  
Dedham N. ME 04429-1551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02033

Amount of Each Receipt this Period  
375.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Russell J. Kinnunen

Mailing Address 17040 Valley Rd.

City State Zip Code  
Chassell MI 49916-9413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02034

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

725.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 685 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Leonard M. Kirk

Mailing Address 6 Hunter Drive

City State Zip Code  
Bel Air MD 21014-3934

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai02035

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nathan D. Kirkes

Mailing Address 4025 Jamaica Drive

City State Zip Code  
Jonesboro GA 30236-5466

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02036

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Kirkpatrick

Mailing Address 1818 Berks Road

City State Zip Code  
Norristown PA 19403-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Berks Ridge Co Ent Inc Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02037

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 686 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Kiser

Mailing Address P. O. Box 1799

City State Zip Code  
Pawleys Isl SC 29585-1799

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02038

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William I. Kissinger

Mailing Address 10155 York Road Suite 105

City State Zip Code  
Cockeysville MD 21030-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Kinninger Financial Services Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02039

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Carl Kitchen

Mailing Address 5126 Niagara

City State Zip Code  
Mount Airy MD 21771-5778

FEC ID number of contributing federal political committee. **C**

Name of Employer Bytex, Inc. Occupation Systems Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02040

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 687 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Klass  
 Mailing Address 420 Overview Drive N. W.  
 City Atlanta State GA Zip Code 30327-4254  
 Date of Receipt 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai02041  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Klass  
 Mailing Address 420 Overview Drive N. W.  
 City Atlanta State GA Zip Code 30327-4254  
 Date of Receipt 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai02042  
 Amount of Each Receipt this Period 100.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Martha Ann May Klaus  
 Mailing Address 3 Shoreline Drive  
 City Vicksburg State MS Zip Code 39180-5326  
 Date of Receipt 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai02043  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 688 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William E. Klawonn      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 201 Honey Hill Drive                                   | <b>Transaction ID:</b> 2009M04L11ai02044            |
|   | City State Zip Code<br>Bluffton SC 29909-4411                          | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Bearingpoint Attorney                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                    |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert G. Kleckner, Jr. | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 80 E. End Avenue                                       | <b>Transaction ID:</b> 2009M04L11ai02045            |
|   | City State Zip Code<br>New York NY 10028-8003                          | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Retired Retired                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Brian Kleen                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 1215 Noton Court  | <b>Transaction ID:</b> 2009M04L11ai02046            |
|   | City State Zip Code<br>Pflugerville TX 78660-3805                             | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>        |   |
|   | Name of Employer Occupation<br>King Tiger Technology, In-c. Hardware Designer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 689 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian Kleen

Mailing Address 1215 Noton Court

City Pflugerville State TX Zip Code 78660-3805

FEC ID number of contributing federal political committee. **C**

Name of Employer King Tiger Technology, Inc. Occupation Hardware Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02047

Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Bud Klein

Mailing Address 11 Atherton Island

City Stockton State CA Zip Code 95204-3806

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02048

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Klein, III

Mailing Address 2 Ivy Way

City Dayton State NJ Zip Code 08810-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02049

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 690 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ralph & Shirley Klein

Mailing Address 2101 Rock Spring Road

City State Zip Code  
Forest Hill MD 21050-2617

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02050

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Rodney A. Klein

Mailing Address 2300 Bell Executive Lane

City State Zip Code  
Sacramento CA 95825-4068

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt: MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02051

Amount of Each Receipt this Period: 190.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Louis A. Klemp, Jr.

Mailing Address 1816 Pine Ridge Dr.

City State Zip Code  
Leavenworth KS 66048-5416

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai02052

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 690.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 691 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Geraldine F. Kletzker

Mailing Address 3 Huntleigh Woods

City State Zip Code  
Saint Louis MO 63131-4818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02053

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael G. Kline

Mailing Address P.O. Box 8068

City State Zip Code  
Pine Bluff AR 71611-8068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02054

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Klingenstein

Mailing Address 8 Fox Fun Lane

City State Zip Code  
Greenwich CT 06831-3736

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wertheim & Company Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02055

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 692 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. & Mrs. Douglas Klions  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 1108 Chauncer Drive   | <b>Transaction ID:</b> 2009M04L11ai02056            |
|           | City Greensburg State PA Zip Code 15601-9046  | Amount of Each Receipt this Period<br>700.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 700.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. William Klug  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address N. 2426 Cherry Road   | <b>Transaction ID:</b> 2009M04L11ai02057            |
|           | City Rubicon State WI Zip Code 53078  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 400.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Harold W. Knapheide, III  | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address P.O. Box 7140  | <b>Transaction ID:</b> 2009M04L11ai02058            |
|           | City Quincy State IL Zip Code 62305-7140   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer The Knapheide Manufacturing Company Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1900.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 693 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jean D. Knapp

Mailing Address 3109 San Luis Drive

City State Zip Code  
Colorad Springs CO 80909-1325

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02059

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Norman D. Knapp

Mailing Address 1431 County Road 1700 E

City State Zip Code  
Roanoke IL 61561-7726

FEC ID number of contributing federal political committee. **C**

Name of Employer Caterpillar, Inc. Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02060

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rita M. Kneeland

Mailing Address 521 Piermont Ave.

City State Zip Code  
Rivervale NJ 07675-5707

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02061

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 605.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 694 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. George William Knight

Mailing Address **365 Breakwater Riege NE**

City **Atlanta** State **GA** Zip Code **30328-1805**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Gva Advantir** Occupation **Real Estate Broker**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 05 / 2009**  
**Transaction ID: 2009M04L11ai02062**  
 Amount of Each Receipt this Period **300.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howell Knight

Mailing Address **8184 N. Yellow Pine Circle**

City **Glen Saint Mary** State **FL** Zip Code **32040-3716**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **03 / 11 / 2009**  
**Transaction ID: 2009M04L11ai02063**  
 Amount of Each Receipt this Period **120.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. J. Knight

Mailing Address **999 Ponce De Leon Blvd. Suite 510**

City **Coral Gables** State **FL** Zip Code **33134-3037**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Self-Employed**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 24 / 2009**  
**Transaction ID: 2009M04L11ai02064**  
 Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **720.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 695 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William H. Knight   | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 214 Ridgeway Dr.   | <b>Transaction ID:</b> 2009M04L11ai02065            |
|           | City Greensboro State NC Zip Code 27403-1527   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Requested Occupation Requested<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Carol Knisley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 5145 County Road 4200  | <b>Transaction ID:</b> 2009M04L11ai02066            |
|           | City Cherryvale State KS Zip Code 67335-9706   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Carol Knisley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|           | Mailing Address 5145 County Road 4200  | <b>Transaction ID:</b> 2009M04L11ai02067            |
|           | City Cherryvale State KS Zip Code 67335-9706   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>450.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 696 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. David M. Knize

Mailing Address 112 Mayhurst Avenue

City State Zip Code  
Colorado Springs CO 80906-3056

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02068

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard G. Knowland, Jr.

Mailing Address 105 Kennedy Street

City State Zip Code  
Fayetteville NY 13066-1320

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02069

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Dewey Knuth

Mailing Address 72194 Road 437

City State Zip Code  
Oxford NE 68967-6734

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1575.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02070

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 697 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Butch Knutson

Mailing Address P.O. Box 2604

City State Zip Code  
Gillette WY 82717-2604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02071

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret W. Kobusch

Mailing Address 10015 Conway Rd.

City State Zip Code  
Saint Louis MO 63124-1237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02072

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret W. Kobusch

Mailing Address 10015 Conway Rd.

City State Zip Code  
Saint Louis MO 63124-1237

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02073

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 698 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Karen M A Koch

Mailing Address 10139 Burrock Drive

City State Zip Code  
Santee CA 92071-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aloe Life International Clinical Nutritionist  
Inc

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02074

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Larry J. Kohmescher

Mailing Address 4908 Camberley Circle

City State Zip Code  
Williamsburg VA 23188-8801

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02075

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Thor Kolle

Mailing Address 135 E Main St

City State Zip Code  
Caledonia MN 55921

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A N/A

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02076

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 699 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Lily C. Koo

Mailing Address 4409 Crown Knoll Circle

City State Zip Code  
Flower Mound TX 75028-8504

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02077

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lily C. Koo

Mailing Address 4409 Crown Knoll Circle

City State Zip Code  
Flower Mound TX 75028-8504

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02078

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Betty J. Koppler

Mailing Address 3280 Sly Park Road

City State Zip Code  
Pollock Pines CA 95726-9591

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02079

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **185.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 700 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harry Kord

Mailing Address 2918 Ferris Avenue

City State Zip Code  
Royal Oak MI 48073-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02080

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Albert Koster

Mailing Address 98 Franklin Street

City State Zip Code  
Vineyard Hvn MA 02568-5203

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02081

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Martha E. Kourbage

Mailing Address 400 Bayside

City State Zip Code  
Breezy Point NY 11697-1009

FEC ID number of contributing federal political committee. **C**

Name of Employer Kingsway Exterminating Company, Inc. Occupation Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02082

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1075.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 701 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ms Ada Kousoum   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
| Mailing Address 12010 Johns Place   |                                    | <b>Transaction ID:</b> 2009M04L11ai02083            |
| City<br>Fairfax   | State<br>VA                        | Zip Code<br>22033-4646                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Dr. Stephen M. Kovarik   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
| Mailing Address 13968 Neck Yoke Road  |                                    | <b>Transaction ID:</b> 2009M04L11ai02084            |
| City<br>Rapid City  | State<br>SD                        | Zip Code<br>57702-7314                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Self-Employed   | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mrs. Ina A. Kozesky  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
| Mailing Address 1865 Chatuge Lane   |                                    | <b>Transaction ID:</b> 2009M04L11ai02085            |
| City<br>Young Harris  | State<br>GA                        | Zip Code<br>30582-6915                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>Retired   | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 702 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Beverly Krabel  
Mailing Address 1373 S. 150 W.  
City Greenfield State IN Zip Code 46140-8503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Eli Lilly & Company Occupation Chemist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00  
Date of Receipt MM / DD / YYYY  
03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai02086  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter R. Krallitsch  
Mailing Address 295 N. Rebecca Street  
City Crystal Lake State IL Zip Code 60014-3632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY  
03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai02087  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William A. Kramer  
Mailing Address 2626 Howell Street Floor 10  
City Dallas State TX Zip Code 75204-4064  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Republic Title Of Texas Occupation Title Company Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY  
03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai02088  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1200.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 703 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Krasinski

Mailing Address 127 Gilbert Road

City State Zip Code  
New Hartford NY 13413-2505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank Of N. Y. Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02089

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Dorothy Kreder

Mailing Address 13799 Myers Lane S.

City State Zip Code  
Jefferson OR 97352-9751

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02090

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Kresge

Mailing Address 6818 Napier Lane

City State Zip Code  
Houston TX 77069-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
W.H. Kresgé Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02091

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **420.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 704 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Kresge

Mailing Address 6818 Napier Lane

City State Zip Code  
Houston TX 77069-1230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
W.H. Kresge Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02092

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Louis Kriser

Mailing Address 46905 Grissom Street

City State Zip Code  
Potomac Falls VA 20165-3577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02093

Amount of Each Receipt this Period  
130.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Krochalis

Mailing Address 226 Lindsey Place N. E.

City State Zip Code  
Marietta GA 30067-4235

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Zc Sterling Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02094

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 705 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Krone

Mailing Address 8100 Graves Rd

City State Zip Code  
Cincinnati OH 45243-3631

FEC ID number of contributing federal political committee. **C**

Name of Employer: Greater Center Health Network  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai02095  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marlene Krpata

Mailing Address 8853 Promenade North Place

City State Zip Code  
San Diego CA 92123-6455

FEC ID number of contributing federal political committee. **C**

Name of Employer: Solar Turbines  
Occupation: Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai02096  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William T. Krug

Mailing Address 567 Longwood Drive S.E.

City State Zip Code  
Grand Rapids MI 49301-7724

FEC ID number of contributing federal political committee. **C**

Name of Employer: Retired  
Occupation: Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai02097  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 706 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Roger Kucway         |                              | Date of Receipt   |
|   | Mailing Address 5954 Walnut Springs                                 |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                        | Zip Code  |
|   | Sylvania  | OH                           | 43560-9460  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | <b>Transaction ID:</b> 2009M04L11ai02098  |
| Name of Employer<br>Tro   |   | Occupation<br>Physician      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/>  |
|   |   | <input type="text"/> 1000.00 | <input type="text"/> 500.00   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William Kugler       |                             | Date of Receipt   |
|   | Mailing Address P. O. Box 40246                                     |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Denver  | CO                          | 80204-0246  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02099  |
| Name of Employer<br>United Construction Products  |   | Occupation<br>Engineer      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 300.00 | <input type="text"/> 300.00   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Peter Kuk            |                             | Date of Receipt   |
|   | Mailing Address 10 Redfox Trail                                     |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Sicklerville  | NJ                          | 08081-3708  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02100  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 210.00 | <input type="text"/> 10.00  |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 810.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 707 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert & Shirley L. Kula  
Mailing Address P.O. Box 668

City State Zip Code  
Fort Morgan CO 80701-0668

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009  
Transaction ID: 2009M04L11ai02101  
Amount of Each Receipt this Period 75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David G. Kulik  
Mailing Address 713 Great Egret Way

City State Zip Code  
Ponte Vedra FL 32082-7226

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009  
Transaction ID: 2009M04L11ai02102  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty R. Kulyk  
Mailing Address 11505 Route 6 North

City State Zip Code  
Albion PA 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009  
Transaction ID: 2009M04L11ai02103  
Amount of Each Receipt this Period 160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **735.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 708 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Betty R. Kulyk

Mailing Address 11505 Route 6 North

City Albion State PA Zip Code 16401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02104

Amount of Each Receipt this Period 120.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lisa G. Kunkel

Mailing Address 14 Grady Hill Court

City Poughkeepsie State NY Zip Code 12603-1126

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 2009M04L11ai02105

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Betty Kurtz

Mailing Address 1800 Atrium Parkway  
Apartment 340

City Napa State CA Zip Code 94559-4807

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02106

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **470.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 709 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Randy A. Kyler

Mailing Address 134 County Road 3996

City Pawhuska State OK Zip Code 74056-9760

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02107

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Randy A. Kyler

Mailing Address 134 County Road 3996

City Pawhuska State OK Zip Code 74056-9760

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02108

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Adam Labrato

Mailing Address 105 S Mobile St

City Fairhope State AL Zip Code 36532-3410

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Tanker Co Occupation Merchant Marine

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02109

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 710 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Audrey K. Lafleur

Mailing Address 210 Clear Lake Lane

City State Zip Code  
Weatherford TX 76087-9170

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02110

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Lafontaine

Mailing Address 41485 Adams Street  
Unit C.

City State Zip Code  
Bermuda Dunes CA 92203-1186

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02111

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Derek Lagemann

Mailing Address 1 Dolphin Green

City State Zip Code  
Port Washington NY 11050-3140

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2175.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02112

Amount of Each Receipt this Period  
2175.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 711 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert & Alice Lahne

Mailing Address 1326 W. Stephenson Street

City State Zip Code  
Freeport IL 61032-4776

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02113

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. James M. Lally

Mailing Address 2496 Sierra Drive

City State Zip Code  
Upland CA 91784-1182

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02114

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Ruth A. Lamonica

Mailing Address P.O. Box 1171

City State Zip Code  
Minden NV 89423-1171

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02115

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 712 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Terry F. Lamore

Mailing Address 545 Overhill Drive

City State Zip Code  
Tryon NC 28782-7723

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 305.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02116

Amount of Each Receipt this Period  
305.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Ray Landes

Mailing Address 28 Crescent Circle

City State Zip Code  
Harleysville PA 19438-1070

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02117

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James Landis

Mailing Address 254 Hungry Hollow Road

City State Zip Code  
Oroville WA 98844-9690

FEC ID number of contributing federal political committee. **C**

Name of Employer Disabled Occupation Disabled

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai02118

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

515.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 713 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
William C Lane

Mailing Address 40 Hidden Brook Lane

City State Zip Code  
Signal Mountain TN 37377-2063

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lane Steel Fab., Inc. Corp Vp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02119

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles Lang

Mailing Address 235 Galewood Drive

City State Zip Code  
Edgewater MD 21037-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
A.T.&T. Operations Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02120

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephens J. Lange

Mailing Address 3240 Lake Pointe Blvd.  
Apartment 226

City State Zip Code  
Sarasota FL 34231-6948

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02121

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 714 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephens J. Lange

Mailing Address 3240 Lake Pointe Blvd.  
Apartment 226

City Sarasota State FL Zip Code 34231-6948

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai02122  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Atlas & Judy Langford

Mailing Address 1834 Madison Street  
Apartment J-69

City Clarksville State TN Zip Code 37043-2947

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02123  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Langham

Mailing Address 2 St. Paul St. #407

City Brookline State MA Zip Code 02446-6599

FEC ID number of contributing federal political committee. **C**

Name of Employer Novartis Occupation Financial Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai02124  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 715 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Willard Langhenry

Mailing Address 7323 Centenary

City State Zip Code  
Dallas TX 75225-4625

FEC ID number of contributing federal political committee. **C**

Name of Employer Natioanl Realty Group Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02125

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph H Langhirt

Mailing Address 2013 West Rogers Avenue

City State Zip Code  
Baltimore MD 21209-4550

FEC ID number of contributing federal political committee. **C**

Name of Employer Dla Piper Lip (Us) Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02126

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chandos E. Langston, Jr.

Mailing Address 2102 W. Myrtle Drive

City State Zip Code  
Chandler AZ 85248-4121

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02127

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 716 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Chandos E. Langston, Jr.

Mailing Address 2102 W. Myrtle Drive

City State Zip Code  
**Chandler AZ 85248-4121**

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02128

Amount of Each Receipt this Period 40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Christopher J. Lank

Mailing Address 13669 Coastal Highway

City State Zip Code  
**Milton DE 19968-3725**

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02129

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Else C. Lappoehn

Mailing Address 3210 S. Sandhill Road  
Unit 238

City State Zip Code  
**Las Vegas NV 89121-5817**

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02130

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 390.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 717 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Jeanne A. Lasota

Mailing Address 11 Horseshoe Lane

City State Zip Code  
Paoli PA 19301-1935

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02131

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Elwood Lassiter

Mailing Address 700 Park Regency Place N.E.  
Apartment 2303

City State Zip Code  
Atlanta GA 30326-1271

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Rsui Group, Inc. Insurance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02132

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Evelyn Day Latimer

Mailing Address 3100 N. Leisure World Blvd.  
#222

City State Zip Code  
Silver Spring MD 20906-8342

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02133

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 718 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Jeanne Laudick

Mailing Address 436 Heron Cove

City State Zip Code  
Fort Collins CO 80524-8601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02134

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank T. Lauinger

Mailing Address 5311 Stonegate Road

City State Zip Code  
Dallas TX 75209-3517

FEC ID number of contributing federal political committee. **C**

Name of Employer Penn Well Corporation Occupation Business Information Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02135

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Judith L. Lavin

Mailing Address 10 Lake Drive

City State Zip Code  
West Greenwich RI 02817-1561

FEC ID number of contributing federal political committee. **C**

Name of Employer Hi-Tech, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02136

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 719 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gregory B. Lawless

Mailing Address 9681 Wawbeek Road

City State Zip Code  
Century FL 32535-2290

FEC ID number of contributing federal political committee. **C**

Name of Employer Collins Mabry & Company, L.L.C. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02137

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dan Lawrence

Mailing Address 286 Lincoln Drive

City State Zip Code  
Streetman TX 75859-3295

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02138

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Lawrence

Mailing Address 2540 Merri Oaks Court

City State Zip Code  
Cocoa FL 32926-6315

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockwellcollins Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai02139

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

725.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 720 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Lawrence

Mailing Address 2540 Merri Oaks Court

City State Zip Code  
Cocoa FL 32926-6315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rockwellcollins Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02140

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John Lawrence

Mailing Address 1800 S. 36Th Street

City State Zip Code  
Galesburg MI 49053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02141

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth M. Lawrence

Mailing Address 214 E. Church Street  
Apartment 2

City State Zip Code  
Collinsville IL 62234-2842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02142

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 721 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth M. Lawrence

Mailing Address 214 E. Church Street  
Apartment 2

City State Zip Code  
Collinsville IL 62234-2842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02143

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Connie Lawson

Mailing Address 3891 West County Road 100 S.

City State Zip Code  
Danville IN 46122-8234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Of Indiana State Senator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02144

Amount of Each Receipt this Period  
355.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Lay

Mailing Address 1289 Hedge Lane

City State Zip Code  
Paducah KY 42001-5251

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02145

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 855.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 722 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory K. Laycock

Mailing Address 1144 E. Forest Avenue

City Ypsilanti State MI Zip Code 48198-3910

FEC ID number of contributing federal political committee. **C**

Name of Employer Washtenaw Community College Occupation Scheduling & Database Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai02146

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard K. Layman

Mailing Address 10 Windswept Drive

City Malvern State PA Zip Code 19355-2321

FEC ID number of contributing federal political committee. **C**

Name of Employer Legg Mason Real Estate Services Occupation Senior Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai02147

Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Jean Layten

Mailing Address 406 W. Main Street

City Downs State IL Zip Code 61736-9490

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02148

Amount of Each Receipt this Period 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1080.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 723 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nancy M. Lazzara

Mailing Address 2425 Hessing Street

City State Zip Code  
River Grove IL 60171-1725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amberdeen Wedding Flowers Floral Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02149

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy M. Lazzara

Mailing Address 2425 Hessing Street

City State Zip Code  
River Grove IL 60171-1725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Amberdeen Wedding Flowers Floral Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02150

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tin Tri Le

Mailing Address 25011 Owens Lake Circle

City State Zip Code  
Lake Forest CA 92630-2524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02151

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 724 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Tin Tri Le           |  | Date of Receipt   |
|   | Mailing Address 25011 Owens Lake Circle                             |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City State Zip Code<br>Lake Forest CA 92630-2524                    |  | <input type="text"/> 03 / <input type="text"/> 06 / <input type="text"/> 2009   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> 2009M04L11ai02152  |
|   | Name of Employer Retired Occupation Retired                         |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <input type="text"/> Aggregate Year-to-Date ▼<br><input type="text"/> 250.00 |   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Tin Tri Le           |  | Date of Receipt   |
|   | Mailing Address 25011 Owens Lake Circle                             |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City State Zip Code<br>Lake Forest CA 92630-2524                    |  | <input type="text"/> 03 / <input type="text"/> 23 / <input type="text"/> 2009   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> 2009M04L11ai02153  |
|   | Name of Employer Retired Occupation Retired                         |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <input type="text"/> Aggregate Year-to-Date ▼<br><input type="text"/> 250.00 |   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Tin Tri Le           |  | Date of Receipt   |
|   | Mailing Address 25011 Owens Lake Circle                             |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City State Zip Code<br>Lake Forest CA 92630-2524                    |  | <input type="text"/> 03 / <input type="text"/> 23 / <input type="text"/> 2009   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> 2009M04L11ai02154  |
|   | Name of Employer Retired Occupation Retired                         |  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | <input type="text"/> Aggregate Year-to-Date ▼<br><input type="text"/> 250.00 |   |

|  |                            |
|--|----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 65.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 725 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Le Febvre, Sr.

Mailing Address P.O. Box 335

City State Zip Code  
Pittsburg NH 03592-0335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai02155

Amount of Each Receipt this Period  
300.00

B.

Full Name (Last, First, Middle Initial)

Mr. Daniel C. Le Febvre, Sr.

Mailing Address P.O. Box 335

City State Zip Code  
Pittsburg NH 03592-0335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02156

Amount of Each Receipt this Period  
300.00

C.

Full Name (Last, First, Middle Initial)

Mr. Burton A. Le Vine

Mailing Address 3390 Don Diablo Drive

City State Zip Code  
Carlsbad CA 92010-3914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02157

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 726 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John S. Leake, Us Army

Mailing Address 16017 Kings Mountain Road

City State Zip Code  
Woodbridge VA 22191-4531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Army Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02158

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Orest Lechnowsky

Mailing Address 4721 E La Mirada Way

City State Zip Code  
Phoenix AZ 85044-7527

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jpmorgan Chase Bank, N.A. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02159

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Ingeborg R. Ledergerber

Mailing Address 14248 S.W. 47Th Street

City State Zip Code  
Miami FL 33175-4320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02160

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 160.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 727 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
John Ledoux

Mailing Address 1701 Broadway  
Unit D

City Vancouver State WA Zip Code 98663-3436

FEC ID number of contributing federal political committee. **C**

Name of Employer Plexsys Interface Products, Inc. Occupation Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai02161

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Clifton S. Lee

Mailing Address 2910 Churchill Drive

City Hillsborough State CA Zip Code 94010-6211

FEC ID number of contributing federal political committee. **C**

Name of Employer Neumart Company, L.L.C. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai02162

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edward Gaylord Lee

Mailing Address 15581 Shell Point Blvd.

City Fort Myers State FL Zip Code 33908-1656

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai02163

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 728 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Karl O. Lee             |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |  |  |
|   | Mailing Address 1919 12Th Avenue SE                                    |   | <b>Transaction ID:</b> 2009M04L11ai02164            |  |  |
|   | City<br><b>Aberdeen</b>  | State<br><b>SD</b>                      | Zip Code<br><b>57401-7320</b>                       | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |   |  |  |
|   | Name of Employer<br>Karl O. Lee Company                                | Occupation<br>Vice President & Director |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00      |   |  |  |

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Karl O. Lee             |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |  |  |
|   | Mailing Address 1919 12Th Avenue SE                                    |   | <b>Transaction ID:</b> 2009M04L11ai02165            |  |  |
|   | City<br><b>Aberdeen</b>  | State<br><b>SD</b>                      | Zip Code<br><b>57401-7320</b>                       | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |   |  |  |
|   | Name of Employer<br>Karl O. Lee Company                                | Occupation<br>Vice President & Director |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00      |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert E. Lee           |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|   | Mailing Address P.O. Box 40035   |                                    | <b>Transaction ID:</b> 2009M04L11ai02166            |  |  |
|   | City<br><b>Tucson</b>  | State<br><b>AZ</b>                 | Zip Code<br><b>85717-0035</b>                       | Amount of Each Receipt this Period<br>450.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                                      | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>900.00 |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>950.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 729 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Tai Young Lee

Mailing Address 1430 Joh Ave Ste M.

City State Zip Code  
**Baltimore MD 21227-1037**

FEC ID number of contributing federal political committee. **C**

Name of Employer P.T.C. Int'd Occupation Economist & Business Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 04 / 2009**

**Transaction ID: 2009M04L11ai02167**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Lee

Mailing Address 2 Murfield Drive

City State Zip Code  
**Lincroft NJ 07738-1216**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai02168**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Lee

Mailing Address 2 Murfield Drive

City State Zip Code  
**Lincroft NJ 07738-1216**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 19 / 2009**

**Transaction ID: 2009M04L11ai02169**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 730 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Greg Leffler

Mailing Address 104 Buckingham Circle

City State Zip Code  
Charlottesville VA 22903-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02170

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg Leffler

Mailing Address 104 Buckingham Circle

City State Zip Code  
Charlottesville VA 22903-2908

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02171

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glenn P. Lefkovitz

Mailing Address 112 Glenwood Ave

City State Zip Code  
Winnetka IL 60093-1509

FEC ID number of contributing federal political committee. **C**

Name of Employer Glenn Mgt Occupation Mgt Co

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02172

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 731 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lamar S. Lehman

Mailing Address 2461 Pikeside Drive

City State Zip Code  
Greencastle PA 17225

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02173

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ernest Lehmann

Mailing Address 798 26Th Avenue

City State Zip Code  
San Mateo CA 94403-2635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02174

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ernest Lehmann

Mailing Address 798 26Th Avenue

City State Zip Code  
San Mateo CA 94403-2635

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 201.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02175

Amount of Each Receipt this Period  
101.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **451.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 732 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Howard F. Lehnert, Jr.

Mailing Address 145 Masons Crossing Court

City State Zip Code  
Severna Park MD 21146-1752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02176

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howard F. Lehnert, Jr.

Mailing Address 145 Masons Crossing Court

City State Zip Code  
Severna Park MD 21146-1752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02177

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Leitner

Mailing Address 36 Ridgewood Terrace

City State Zip Code  
Maplewood NJ 07040-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer A J Leitner and Associates Llc Occupation Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02178

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 733 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |                         |   |  |  |
|-----------|--|-------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. James Leker             |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|           | Mailing Address 976 Gondolier Boulevard                                |                         | <b>Transaction ID:</b> 2009M04L11ai02179            |  |  |
|           | City<br>Gulf Breeze  | State<br>FL             | Zip Code<br>32563-3018                              | Amount of Each Receipt this Period<br>100.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Aggregate Year-to-Date<br>300.00                    |  |  |
|           | Name of Employer<br>Apollomd   | Occupation<br>Physician |   |  |  |

|           |  |                          |   |   |  |
|-----------|--|--------------------------|---|---|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Max R. Lemke            |                          | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |   |  |
|           | Mailing Address 5614 South Jamaica Way                                 |                          | <b>Transaction ID:</b> 2009M04L11ai02180            |   |  |
|           | City<br>Englewood  | State<br>CO              | Zip Code<br>80111-3937                              | Amount of Each Receipt this Period<br>1000.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                          | Aggregate Year-to-Date<br>1000.00                   |   |  |
|           | Name of Employer<br>Self   | Occupation<br>Consultant |   |   |  |

|           |  |                         |   |  |  |
|-----------|--|-------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. John R. Lemmons  |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |  |  |
|           | Mailing Address 1973 Rose Valley Road                                  |                         | <b>Transaction ID:</b> 2009M04L11ai02181            |  |  |
|           | City<br>Kelso  | State<br>WA             | Zip Code<br>98626-9672                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Aggregate Year-to-Date<br>500.00                    |  |  |
|           | Name of Employer<br>Pacific Fibre Products, Inc                        | Occupation<br>Executive |   |  |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 734 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Laura Jane Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
Alamo CA 94507-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02182

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
Alamo CA 94507-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Table Group Consultant/Author

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02183

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Patrick Lencioni

Mailing Address 11 Gary Way

City State Zip Code  
Alamo CA 94507-2429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Table Group Consultant/Author

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02184

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 735 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Perkins Leone

Mailing Address 90 Queens Court

City Atherton State CA Zip Code 94027-5409

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 03 / 2009

Transaction ID: 2009M04L11ai02185

Amount of Each Receipt this Period 5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy W. Lepczyk

Mailing Address 22 Highview Road

City Madison State CT Zip Code 06443-2554

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Lic Occupation Management Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai02186

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Lesutis

Mailing Address 7 Chaville Way

City Wilmington State DE Zip Code 19807-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Brandywine Global Investment Mgmt. Occupation Investment Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai02187

Amount of Each Receipt this Period 330.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5430.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 736 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jane Lethco

Mailing Address 323 Mount Drive

City State Zip Code  
Sevierville TN 37876-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
I. R. S. Federal Employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02188

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Jane Lethco

Mailing Address 323 Mount Drive

City State Zip Code  
Sevierville TN 37876-1625

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
I. R. S. Federal Employee

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02189

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms Marie Lett

Mailing Address 3940 Lett Lane

City State Zip Code  
Burleson TX 76028-1742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02190

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 737 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Alex S. Levay  
 Mailing Address 366 High Plain Road  
 City State Zip Code  
 Andover MA 01810-3295  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai02191  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Bernard F Lewis  
 Mailing Address 1401 Park Avenue  
 City State Zip Code  
 Bay City MI 48708-5530  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai02192  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 None Ret.  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Blane Benjamin Lewis  
 Mailing Address 13217 Amblewood Drive  
 City State Zip Code  
 Manassas VA 20112-7817  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02193  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 U.S. Government Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 738 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles H. Lewis, III

Mailing Address P.O. Box 70

City State Zip Code  
Gloster MS 39638-0070

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02194

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald S. Lewis, Jr.

Mailing Address 708 Cavalier Drive

City State Zip Code  
Virginia Beach VA 23451-3838

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02195

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald S. Lewis, Jr.

Mailing Address 708 Cavalier Drive

City State Zip Code  
Virginia Beach VA 23451-3838

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02196

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **635.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 739 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elsie Y. Lewis

Mailing Address 607 Poia Road

City State Zip Code  
Sewickley PA 15143-1046

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02197

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Eugene B. Lewis

Mailing Address 4428 W. Laurie Lane

City State Zip Code  
Glendale AZ 85302-6623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02198

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred Lewis

Mailing Address 13700 Lynhurst Drive

City State Zip Code  
Woodbridge VA 22193-4333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vienna Virginia Police Department Police Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02199

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 740 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fred Lewis

Mailing Address 13700 Lynhurst Drive

City State Zip Code  
Woodbridge VA 22193-4333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vienna Virginia Police De- Police Officer  
partment

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02200

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Margery C. Lewis

Mailing Address 2464 Bayshore Drive

City State Zip Code  
Newport Beach CA 92663-5605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02201

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Jay Lewis

Mailing Address 309 West 43Rd Street  
Suite 105

City State Zip Code  
Sioux Falls SD 57105-6805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
PAL Inc Real Estate Management

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02202

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 741 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert L. Lewis

Mailing Address 4312 S. 31st Street  
Apartment 105

City State Zip Code  
Temple TX 76502-3360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
201.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02203

Amount of Each Receipt this Period

201.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas D. Lewis

Mailing Address 33 San Ysidro Court

City State Zip Code  
Danville CA 94526-1545

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N. T. L. General Contractor

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02204

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. H. William Lichtenberger

Mailing Address 508 N.W. Winters Creek Road

City State Zip Code  
Palm City FL 34990-3831

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02205

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

3201.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 742 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Jim Liebe            | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 582 Goddard Ave                                 | <b>Transaction ID:</b> 2009M04L11ai02206            |
|   | City State Zip Code<br>Chesterfield MO 63005-1109               | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>R. J. Liebe Athletic Lettering  | Occupation<br>Executive   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. A. C. Lilly      | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 9641 Waterfowl Flyway                           | <b>Transaction ID:</b> 2009M04L11ai02207            |
|   | City State Zip Code<br>Chesterfield VA 23838-8905               | Amount of Each Receipt this Period<br>2500.00       |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>Retired   | Occupation<br>Retired   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2500.00                             |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Phillip Lindau   | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|   | Mailing Address 12720 31st Avenue N.                            | <b>Transaction ID:</b> 2009M04L11ai02208            |
|   | City State Zip Code<br>Plymouth MN 55441-2868                   | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C |   |
| Name of Employer<br>Commodity Specialists Company   | Occupation<br>Owner/Executive                                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                             |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 743 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Louis B. Lindsey | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|   | Mailing Address 3825 324Th Avenue S.E.                          | <b>Transaction ID:</b> 2009M04L11ai02209            |
|   | City State Zip Code<br>Fall City WA 98024-7713                  | Amount of Each Receipt this Period<br>200.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Retired Retired                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Roberta Jean Linn | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address Pop Box 945                                       | <b>Transaction ID:</b> 2009M04L11ai02210            |
|   | City State Zip Code<br>Fort Sumner NM 88119                       | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C   |   |
|   | Name of Employer Occupation<br>Linn Farms Farmer                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Corey Linquist   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 2521 Clarksville Road                           | <b>Transaction ID:</b> 2009M04L11ai02211            |
|   | City State Zip Code<br>Rescue CA 95672-9606                     | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Metropcs Management              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                              |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 950.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 744 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Clare Macaulay Lintereur  
Mailing Address 25512 Magnolia Ln.  
City Stevenson Ranch State CA Zip Code 91381-1843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clare Macaulay D.D.S. Occupation Dentist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02212  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Samuel L. Lionberger, Jr.  
Mailing Address 55 Harbour View Circle  
City Penhook State VA Zip Code 24137-5091  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lionberger Construction Co. Occupation General Contractor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai02213  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter C. Lips  
Mailing Address 6540 White Rock Road  
City Clifton State VA Zip Code 20124-1410  
FEC ID number of contributing federal political committee. **C**  
Name of Employer U.S. Department Of Energy Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai02214  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 575.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 745 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Harvey I. Lipschultz   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 2339 Jupiter Drive  | <b>Transaction ID:</b> 2009M04L11ai02215            |
|           | City State Zip Code<br>Los Angeles CA 90046-2025  | Amount of Each Receipt this Period<br>280.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Mark A. List  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 61148 Prescott Trail   | <b>Transaction ID:</b> 2009M04L11ai02216            |
|           | City State Zip Code<br>Joshua Tree CA 92252-2714   | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer United States Marine Corps<br>Occupation U.S. Marine<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Dennis R. Little   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 11410 Longwater Chase Court   | <b>Transaction ID:</b> 2009M04L11ai02217            |
|           | City State Zip Code<br>Fort Myers FL 33908-4924   | Amount of Each Receipt this Period<br>180.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>540.00                  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 660.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 746 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Tracy Little

Mailing Address 300 W. 1st Street

City State Zip Code  
Alice TX 78332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Energy Dynamics Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02218

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Leonard Litwin

Mailing Address 18 Broadlawn Avenue

City State Zip Code  
Great Neck NY 11024-1537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02219

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Don Lloyd

Mailing Address 127 Bobcat Trail

City State Zip Code  
Eatonton GA 31024-7505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02220

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 747 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jim F. Lloyd

Mailing Address 2308 Matador Circle

City Austin State TX Zip Code 78746-2321

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai02221

Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mario G Loaiza

Mailing Address 6331 Sedgewyck Circle West

City Davie State FL Zip Code 33331-3457

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Security Consultant -Veteran

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02222

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael R. Lobis

Mailing Address 989 Baneswood Drive

City Kennett Square State PA Zip Code 19348-2551

FEC ID number of contributing federal political committee. **C**

Name of Employer Brandywine Urology Consultants Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02223

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 748 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. George A. Lock

Mailing Address 211 Diamond Springs

City State Zip Code  
Houston TX 77077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Exxon Mobil Research Vice President Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02224

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Betty W. Locke

Mailing Address P.O. Box 1012

City State Zip Code  
Fallbrook CA 92088-1012

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Whole Sale Business Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02225

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Richard & Sandra Loeding

Mailing Address 1217 Peninsula Drive

City State Zip Code  
Traverse City MI 49686-2856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02226

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

460.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 749 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Anne Jordan Logan

Mailing Address 3814 Potomac Avenue

City State Zip Code  
Dallas TX 75205-2115

FEC ID number of contributing federal political committee. **C**

Name of Employer Intercity Investments      Occupation Real Estate Develop.

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02227

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Linda A. Lonano

Mailing Address 8472 159Th Court N.

City State Zip Code  
Palm Beach Gardens FL 33418-1879

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      315.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02228

Amount of Each Receipt this Period  
210.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Linda A. Lonano

Mailing Address 8472 159Th Court N.

City State Zip Code  
Palm Beach Gardens FL 33418-1879

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      315.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02229

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5315.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 750 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Leroy E. Long

Mailing Address 528 Tower Road

City State Zip Code  
**Sellersville PA 18960-3130**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02230

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark Loos

Mailing Address 361 Saint Andrews Lane

City State Zip Code  
**Half Moon Bay CA 94019-2226**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
C.U.S.D. Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02231

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barry L. Loose

Mailing Address 375 Lake St

City State Zip Code  
**Ephrata PA 17522-2456**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
QBC Warehouse Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02232

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 751 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Alice W. Lorillard  
Mailing Address P. O. Box 219  
City State Zip Code  
Far Hills NJ 07931-0219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02233  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice W. Lorillard  
Mailing Address P. O. Box 219  
City State Zip Code  
Far Hills NJ 07931-0219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02234  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Coral S. Losh  
Mailing Address 181 Huntington Parkway  
City State Zip Code  
Aberdeen OH 45101-9719  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai02235  
Amount of Each Receipt this Period 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 752 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen H. Louden

Mailing Address 285 Indian Creek Loop

City State Zip Code  
Kerrville TX 78028-1758

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02236

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward Alexander Louis

Mailing Address 645 N. Wren Avenue

City State Zip Code  
Palatine IL 60067-3544

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02237

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gilbert Louzoun

Mailing Address 35 Greenleaf Hill

City State Zip Code  
Great Neck NY 11023-1809

FEC ID number of contributing federal political committee. **C**

Name of Employer Queensboro Toyota Occupation Auto Dealer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02238

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 753 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Love

Mailing Address 14115 Saint Marys Lane

City State Zip Code  
 Houston TX 77079-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02239

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Love

Mailing Address 14115 Saint Marys Lane

City State Zip Code  
 Houston TX 77079-3212

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02240

Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven C. Love

Mailing Address P.O. Box 260

City State Zip Code  
 Healy AK 99743-0260

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02241

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 754 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven C. Love

Mailing Address P.O. Box 260

City State Zip Code  
Healy AK 99743-0260

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02242

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven C. Love

Mailing Address P.O. Box 260

City State Zip Code  
Healy AK 99743-0260

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02243

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jesse W. Lovelace

Mailing Address 569 Lexington Circle

City State Zip Code  
Memphis TN 38120-2727

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02244

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 755 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert D. Lowe

Mailing Address 1313 W. St. Amry Blvd.

City State Zip Code  
Lafayette LA 70506-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 0 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02245

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert D. Lowe

Mailing Address 1313 W. St. Amry Blvd.

City State Zip Code  
Lafayette LA 70506-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 7 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02246

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Mort Lowenthal

Mailing Address 72 Windward Lane

City State Zip Code  
Stamford CT 06903-3710

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02247

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1150.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 756 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jim Lowrey

Mailing Address 5518 Sauve Lane

City State Zip Code  
Houston TX 77056-1214

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02248

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City State Zip Code  
Portland OR 97213-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      230.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02249

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City State Zip Code  
Portland OR 97213-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      230.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02250

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 757 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Gladys A. Lowrie

Mailing Address 17 N.E. 68Th Avenue

City State Zip Code  
Portland OR 97213-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02251

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Buzz Loyd

Mailing Address 493 Windwood On Skye

City State Zip Code  
Fayetteville NC 28303-4776

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02252

Amount of Each Receipt this Period  
330.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Lucas

Mailing Address 8 Olive Circle

City State Zip Code  
Clinton IL 61727-2439

FEC ID number of contributing federal political committee. **C**

Name of Employer Exelon Occupation Senior Reactor Operator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02253

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 758 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John Lucas, Sr.  
Mailing Address 5453 Woodford Drive

City Birmingham State AL Zip Code 35242

FEC ID number of contributing federal political committee. **C**

Name of Employer Lucas Llc Occupation Small Business Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02254  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia P. Lufkin  
Mailing Address P.O. Box 1470

City Saratoga State WY Zip Code 82331-1470

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: 2009M04L11ai02255  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Allan W. Lund  
Mailing Address 15025 W. Beckwith Road

City Hayward State WI Zip Code 54843-2004

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai02256  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 759 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02257

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02258

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02259

Amount of Each Receipt this Period  
15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **35.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 760 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. C

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02260

Amount of Each Receipt this Period 10.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. C

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02261

Amount of Each Receipt this Period 10.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. C

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02262

Amount of Each Receipt this Period 15.00

**SUBTOTAL** of Receipts This Page (optional) ..... 35.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 761 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Michelle Erin Lundin</p> <p>Mailing Address 1121 S. 221St West Avenue</p> <p>City State Zip Code<br/>Sand Springs OK 74063-8149</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Warehouse Market      Occupation Carry Out</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>730.00</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai02263</p> <p>Amount of Each Receipt this Period<br/>10.00</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3  |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Michelle Erin Lundin</p> <p>Mailing Address 1121 S. 221St West Avenue</p> <p>City State Zip Code<br/>Sand Springs OK 74063-8149</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Warehouse Market      Occupation Carry Out</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>730.00</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai02264</p> <p>Amount of Each Receipt this Period<br/>10.00</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3  |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Michelle Erin Lundin</p> <p>Mailing Address 1121 S. 221St West Avenue</p> <p>City State Zip Code<br/>Sand Springs OK 74063-8149</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Warehouse Market      Occupation Carry Out</p> <p>Receipt For:<br/> <input type="checkbox"/> Primary   <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>730.00</p> | <p>Date of Receipt<br/> <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> 2009M04L11ai02265</p> <p>Amount of Each Receipt this Period<br/>15.00</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3  |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 35.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 762 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02266

Amount of Each Receipt this Period  
35.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02267

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02268

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **60.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 763 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02269

Amount of Each Receipt this Period  
10.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02270

Amount of Each Receipt this Period  
10.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02271

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 764 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02272

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02273

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Michelle Erin Lundin

Mailing Address 1121 S. 221St West Avenue

City Sand Springs State OK Zip Code 74063-8149

FEC ID number of contributing federal political committee. **C**

Name of Employer Warehouse Market Occupation Carry Out

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02274

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 765 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Michelle Erin Lundin |                                    | Date of Receipt   |
|   | Mailing Address 1121 S. 221St West Avenue                           |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Sand Springs  | OK                                 | 74063-8149  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai02275  |
| Name of Employer<br>Warehouse Market  |   | Occupation<br>Carry Out            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>730.00 | <input type="text"/> 10.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Michelle Erin Lundin |                                    | Date of Receipt   |
|   | Mailing Address 1121 S. 221St West Avenue                           |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Sand Springs  | OK                                 | 74063-8149  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai02276  |
| Name of Employer<br>Warehouse Market  |   | Occupation<br>Carry Out            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>730.00 | <input type="text"/> 10.00  |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. David S. Lusby |                                    | Date of Receipt   |
|   | Mailing Address 1937 S. Abrego Drive                                 |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 10 / 2009 |
|   | City   | State                              | Zip Code  |
|   | Green Valley   | AZ                                 | 85614-1403  |
|   | FEC ID number of contributing federal political committee. <b>C</b>  |                                    | <b>Transaction ID:</b> 2009M04L11ai02277  |
| Name of Employer<br>Newell Recycling, L.L.C.  |  | Occupation<br>Executive            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 | <input type="text"/> 250.00   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 270.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 766 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Ms Sue L. Luster

Mailing Address 3238 History Drive

City State Zip Code  
Oakton VA 22124-2209

FEC ID number of contributing federal political committee. C

Name of Employer Home Health Options Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02278

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms Sue L. Luster

Mailing Address 3238 History Drive

City State Zip Code  
Oakton VA 22124-2209

FEC ID number of contributing federal political committee. C

Name of Employer Home Health Options Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02279

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms Sue L. Luster

Mailing Address 3238 History Drive

City State Zip Code  
Oakton VA 22124-2209

FEC ID number of contributing federal political committee. C

Name of Employer Home Health Options Group Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 3 | 1 |   | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02280

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 767 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Walter C Luther, Jr.

Mailing Address 4488 Jessup Rd.

City State Zip Code  
Cincinnati OH 45247-6048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jacobs Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02281

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel R. Lyle

Mailing Address 7341 Almaden Lane

City State Zip Code  
Carlsbad CA 92009-6902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02282

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lanny G. Lyle

Mailing Address 14770 Eagle Ridge Drive

City State Zip Code  
Forest Ranch CA 95942-9701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02283

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 768 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Lyle

Mailing Address 156 Valhalla Road

City State Zip Code  
Cordele GA 31015-9364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Conart, Inc. C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02284

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Florence Lyman

Mailing Address 300 Remington Street  
Apartment 316

City State Zip Code  
Fort Collins CO 80524-2840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02285

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Lynch

Mailing Address 1 Signal Ridge Way

City State Zip Code  
East Greenwich RI 02818-1649

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dans Management Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02286

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **660.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 769 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry Lynch

Mailing Address 1150 Kentucky Greens Way

City State Zip Code  
Newcastle CA 95658-9798

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02287

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nancy E. Lyons

Mailing Address 580 Piedmont Street

City State Zip Code  
Wilmington OH 45177-2521

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02288

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Nancy E. Lyons

Mailing Address 580 Piedmont Street

City State Zip Code  
Wilmington OH 45177-2521

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02289

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 770 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Lysaght  
Mailing Address P.O. Box 1697  
City Mineola State NY Zip Code 11501-0904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ret. Occupation Program Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02290  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sonja J. Maas  
Mailing Address N28 W22312 Foxwood Lane  
City Waukesha State WI Zip Code 53186-8858  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02291  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ron C Mabee  
Mailing Address P.O. Box 40370  
City Houaton State TX Zip Code 77240-0370  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ret. Occupation Ret.  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai02292  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 771 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William Mac Kinnon

Mailing Address 5460 28 Mile Road

City Washington State MI Zip Code 48094-1200

FEC ID number of contributing federal political committee. **C**

Name of Employer U.L.C. Occupation Engineering Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02293  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah-Jane Jane Macauley

Mailing Address 307 Walnut Street

City Jackson State CA Zip Code 95642-2237

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02294  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sarah-Jane Jane Macauley

Mailing Address 307 Walnut Street

City Jackson State CA Zip Code 95642-2237

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02295  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 772 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Colonel Michael Machac, Jr.  
Mailing Address 718 Habegger Avenue  
City Sparta State WI Zip Code 54656-1318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02296  
Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
David Mack  
Mailing Address 30661 Sweetridge Cir  
City Boerne State TX Zip Code 78015-4212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mpc Contracting Occupation Building Contractor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02297  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Mack  
Mailing Address 25 Mosswood Road  
City Hillsborough State CA Zip Code 94010-6717  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Unemployed Occupation Unemployed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai02298  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 710.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 773 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert B. Mack

Mailing Address 25 Mosswood Road

City Hillsborough State CA Zip Code 94010-6717

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai02299  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William H. Mackey

Mailing Address 9865 Sago Point Drive

City Largo State FL Zip Code 33777-4905

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai02300  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Macoy, Jr.

Mailing Address 9027 Stonecrest Way

City Littleton State CO Zip Code 80129-1516

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai02301  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 650.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 774 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jay M. Madara

Mailing Address 135 Patriots Ridge Drive

City State Zip Code  
Woodbury NJ 08096

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Comcast Corporation C.P.A.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02302

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jason Madden

Mailing Address 144 Granbury Lane

City State Zip Code  
Columbia SC 29229-7556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Target Corporation District Team Leader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02303

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Crawford Madeira, Jr.

Mailing Address 414 Old Lancaster Road  
Apartment 403

City State Zip Code  
Haverford PA 19041-1573

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02304

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **460.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 775 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Abraham S. Maeck

Mailing Address 5644 Westheimer Rd. #300

City State Zip Code  
Houston TX 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai02305

Amount of Each Receipt this Period: 325.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George A. Magan

Mailing Address 45 Stephen Street

City State Zip Code  
New Bedford MA 02740-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02306

Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George A. Magan

Mailing Address 45 Stephen Street

City State Zip Code  
New Bedford MA 02740-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai02307

Amount of Each Receipt this Period: 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 776 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Charles Maggioro

Mailing Address 2225 Meadow Ridge Lane

City State Zip Code  
Virginia Beach VA 23456-1398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02308

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Magliacano

Mailing Address 206 Poinier Street

City State Zip Code  
Newark NJ 07114-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
C&J Towing Service Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02309

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Matthew J. Magnino

Mailing Address 26721 Elkhorn Oaks Circle

City State Zip Code  
Arlington NE 68002-3091

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02310

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 777 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Frederic & Laura Maguire

Mailing Address 1055 Denton Hollow Road

City State Zip Code  
**West Chester PA 19382-7026**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Maguire Products Plant Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 12 / 2009**

**Transaction ID: 2009M04L11ai02311**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Billy C. Maher

Mailing Address 3899 Green Valley Road

City State Zip Code  
**Fairfield CA 94534-1471**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 11 / 2009**

**Transaction ID: 2009M04L11ai02312**

Amount of Each Receipt this Period **270.00**

**C.** Full Name (Last, First, Middle Initial)  
 Ms. Heidi Mahmood

Mailing Address 4515 Roxbury Road

City State Zip Code  
**Corona Del Mar CA 92625-3126**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **310.00**

Date of Receipt **03 / 02 / 2009**

**Transaction ID: 2009M04L11ai02313**

Amount of Each Receipt this Period **310.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 778 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Mahn

Mailing Address P.O. Box 150

City Aurora State IN Zip Code 47001-0150

FEC ID number of contributing federal political committee. **C**

Name of Employer Ceo Occupation Ret.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02314

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. R. A. Mahony

Mailing Address 670 Lake Drive

City Vero Beach State FL Zip Code 32963-2165

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02315

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack L. Mahurin

Mailing Address 433 Ward Parkway  
Apartment 5E

City Kansas City State MO Zip Code 64112-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02316

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 779 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ken Maily

Mailing Address 68 Seneca Trl

City State Zip Code  
**Wayne NJ 07470-4427**

FEC ID number of contributing federal political committee. C

Name of Employer: Maily & Inglett Consulting, L  
Occupation: Physical Therapist

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02317

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory M. Majewski

Mailing Address 4274 Oak Knoll Lane

City State Zip Code  
**Hoffman Estates IL 60192-5607**

FEC ID number of contributing federal political committee. C

Name of Employer: Wildcat  
Occupation: Self Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02318

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Davis Majure

Mailing Address 121 Booth Circle

City State Zip Code  
**Ocean Springs MS 39564-8505**

FEC ID number of contributing federal political committee. C

Name of Employer: Retired  
Occupation: Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02319

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 780 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Philip E. Malberg

Mailing Address 512 Cherry Gulch Road

City Durango State CO Zip Code 81301-6470

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02320

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Philip E. Malberg

Mailing Address 512 Cherry Gulch Road

City Durango State CO Zip Code 81301-6470

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02321

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary J. Malevich

Mailing Address 9812 Cupola Lane

City Eden Prairie State MN Zip Code 55347-3623

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1855.00

Date of Receipt 03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02322

Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 781 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                     |   |  |  |
|---|---|-------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary J. Malevich |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |  |  |
|   | Mailing Address 9812 Cupola Lane                                |                                     | <b>Transaction ID:</b> 2009M04L11ai02323            |  |  |
|   | City<br>Eden Prairie  | State<br>MN                         | Zip Code<br>55347-3623                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired               |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1855.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Harold E. Malion, Jr. |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |  |  |
|   | Mailing Address P.O. Box 218   |                                    | <b>Transaction ID:</b> 2009M04L11ai02324            |  |  |
|   | City<br>Fairmont   | State<br>NC                        | Zip Code<br>28340-0218                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                                    | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Eugene E. Mallette |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |  |  |
|   | Mailing Address 8401 Hialeah Way   |                                    | <b>Transaction ID:</b> 2009M04L11ai02325            |  |  |
|   | City<br>Fair Oaks  | State<br>CA                        | Zip Code<br>95628-2608                              | Amount of Each Receipt this Period<br>200.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C          |                                    |   |  |  |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 782 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Dudley D. Malone

Mailing Address 2417 Wulfert Road

City Sanibel State FL Zip Code 33957-2201

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai02326  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Malone

Mailing Address 18721 E. Buckskin Drive

City Rio Verde State AZ Zip Code 85263-7164

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai02327  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David C. Malpass

Mailing Address 21330 N. Coburg Road

City Harrisburg State OR Zip Code 97446-9747

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai02328  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 783 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Laureano E. Manalo, II

Mailing Address 1743 Scarlett Drive

City State Zip Code  
Pittsburgh PA 15241

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Larry E. Manalos Dds Dentist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02329

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles G. Mander

Mailing Address 24 Wilcox Place

City State Zip Code  
Fair Lawn NJ 07410-5516

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N.Y. City Transit Authority Civil Engineer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02330

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard T. Mandeville

Mailing Address 500 Linda Vista Avenue

City State Zip Code  
Pasadena CA 91105-1121

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02331

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

610.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 784 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Richard Manley  | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 3201 Crenshaw St.  | <b>Transaction ID:</b> 2009M04L11ai02332            |
|           | City State Zip Code<br>Longview TX 75605-2520  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Jay Mann  | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |
|           | Mailing Address 14201 Grand Street  | <b>Transaction ID:</b> 2009M04L11ai02333            |
|           | City State Zip Code<br>Wichita KS 67230-9742  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Dwight Mansfield   | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 17 Plaza Baja Del Sol   | <b>Transaction ID:</b> 2009M04L11ai02334            |
|           | City State Zip Code<br>San Juan Capistran CA 92675-1705   | Amount of Each Receipt this Period<br>400.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 785 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Carol Manubay

Mailing Address 85 Caravel Drive

City State Zip Code  
Bear DE 19701-1651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Caravel Academy Finance Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02335

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline R. Manzi

Mailing Address 104 Pineburr Road

City State Zip Code  
Greensboro NC 27455-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02336

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Jacqueline R. Manzi

Mailing Address 104 Pineburr Road

City State Zip Code  
Greensboro NC 27455-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02337

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

270.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 786 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James E. Marchessault

Mailing Address 3218 Butternut Circle N.W.

City State Zip Code  
Prior Lake MN 55372-2304

FEC ID number of contributing federal political committee. **C**

Name of Employer B.C.S.I. Occupation C.E.O. Printer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02338

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph F. Marcogliese

Mailing Address 241 Kitchawan Road

City State Zip Code  
South Salem NY 10590-2017

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02339

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ann H. Marcus

Mailing Address 117 N. Monarch Street #1

City State Zip Code  
Aspen CO 81611-1448

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02340

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **675.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 787 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. David H. Mardigian   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 35980 Woodward Avenue<br>Suite 110  | <b>Transaction ID:</b> 2009M04L11ai02341            |
|           | City State Zip Code<br>Bloomfield Hills MI 48304-0933   | Amount of Each Receipt this Period<br>2000.00       |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Mcm Management<br>Occupation President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Robert Maresh  | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 264 Hollywood Boulevard   | <b>Transaction ID:</b> 2009M04L11ai02342            |
|           | City State Zip Code<br>Metairie LA 70005-3920   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Tulane University Medical<br>Occupation Physician<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Greg P. Margolis   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 17819 Davenport Rd<br>Suite 210   | <b>Transaction ID:</b> 2009M04L11ai02343            |
|           | City State Zip Code<br>Dallas TX 75252-5894   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Hometronics<br>Occupation Sales<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>750.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2750.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 788 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard P. Marinelli

Mailing Address 1266 Knollwood Drive

City State Zip Code  
West Chester PA 19380-3946

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02344

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Dennis N. Marks

Mailing Address 1800 Jeffrey Lane

City State Zip Code  
Carmichael CA 95608-5761

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02345

Amount of Each Receipt this Period  
550.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Terry Maroney

Mailing Address 10 Town & Country Drive

City State Zip Code  
Danville CA 94526-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02346

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 789 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wayne R. Marpe

Mailing Address 2420 W. Rainwater Court

City State Zip Code  
Meridian ID 83646-1289

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02347

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Marrella

Mailing Address P.O. Box 827

City State Zip Code  
New Haven CT 06504-0827

FEC ID number of contributing federal political committee. **C**

Name of Employer Town of Woodbridge, CT. Occupation Elected Official

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02348

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Chuck Marsden

Mailing Address 6261 Hill Avenue

City State Zip Code  
Whittier CA 90601-3829

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02349

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 790 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms Donna Marsh  | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|           | Mailing Address 2018 E. Deerwood Drive   | <b>Transaction ID:</b> 2009M04L11ai02350            |
|           | City Richmond State TX Zip Code 77406-9655   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Vinson & Elkins Occupation Paralegal<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Julie Marsland   | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | Mailing Address 3240 Falling Leaf Road  | <b>Transaction ID:</b> 2009M04L11ai02351            |
|           | City Show Low State AZ Zip Code 85901-2886  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Christopher Martin  | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|           | Mailing Address 1578 Horseshoe Drive   | <b>Transaction ID:</b> 2009M04L11ai02352            |
|           | City Manasquan State NJ Zip Code 08736-2704  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer The Provident Bank Occupation Bank President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 791 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |   |  |
|---|---|-------------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank E Martin   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |   |  |
|   | Mailing Address 3030 S. Highland                                |                                     | Transaction ID: 2009M04L11ai02353                   |   |  |
|   | City<br>Las Vegas   | State<br>NV                         | Zip Code<br>89109-1047                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                     |   |   |  |
|   | Name of Employer<br>Martin Harris Construction                  | Occupation<br>President/Owner       |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James E. Martin  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 4343 Lebanon Pike<br>Apartment T1518            |                                    | Transaction ID: 2009M04L11ai02354                   |  |  |
|   | City<br>Hermitage   | State<br>TN                        | Zip Code<br>37076-1441                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|   |   |                                       |   |  |  |
|---|---|---------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John M. Martin   |                                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address P.O. Box 565066                                 |                                       | Transaction ID: 2009M04L11ai02355                   |  |  |
|   | City<br>Dallas  | State<br>TX                           | Zip Code<br>75356-5066                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                       |   |  |  |
|   | Name of Employer<br>Art Dallas Incorporated                     | Occupation<br>C.E.O./ V.P. Operations |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00    |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 792 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Nancy Martin

Mailing Address 2306 Twin Lakes Circle  
 Dr. Bobby Graham Jr.

City Jackson State MS Zip Code 39211-6757

FEC ID number of contributing federal political committee. **C**

Name of Employer Mississippi State Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009  
**Transaction ID: 2009M04L11ai02356**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Paul R. Martin

Mailing Address 11734 2nd Avenue NW

City Seattle State WA Zip Code 98177-4506

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID: 2009M04L11ai02357**  
 Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. William F. Martin

Mailing Address 835 Tropical Circle

City Sarasota State FL Zip Code 34242-1440

FEC ID number of contributing federal political committee. **C**

Name of Employer Chateau Products, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2009  
**Transaction ID: 2009M04L11ai02358**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 793 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Sergio O. Martinez

Mailing Address 27 Cortez Avenue

City Rancho Viejo State TX Zip Code 78575-9629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02359

Amount of Each Receipt this Period 225.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Marx

Mailing Address 59 Damonte Ranch Parkway #B250

City Reno State NV Zip Code 89521-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02360

Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Masessa

Mailing Address 22 Bentley Drive

City Franklin Lakes State NJ Zip Code 07417-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02361

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **675.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 794 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph Masessa       |                             | Date of Receipt                         |  |
|   | Mailing Address 22 Bentley Drive                                    |                             | M M / D D / Y Y Y Y Y<br>03 / 09 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai02362 |
|   | Franklin Lakes  | NJ                          | 07417-1939                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 200.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 250.00                      |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Alberta Mason       |                          | Date of Receipt                         |  |
|   | Mailing Address 3352 Ocean Drive                                    |                          | M M / D D / Y Y Y Y Y<br>03 / 02 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai02363 |
|   | Corpus Christi  | TX                       | 78411-1457                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 250.00                                  |  |
| Name of Employer Requested  |   | Occupation Requested     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 250.00                   |   |  |

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Frances H. Mason     |                             | Date of Receipt                         |  |
|   | Mailing Address 2609 Honolulu Avenue Suite 100                      |                             | M M / D D / Y Y Y Y Y<br>03 / 24 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai02364 |
|   | Montrose  | CA                          | 91020-1734                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 500.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 500.00                      |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 950.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 795 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lowell B. Mason, Jr.  
Mailing Address 4141 Lake Terrace Drive

|                   |             |                        |
|-------------------|-------------|------------------------|
| City<br>Kalamazoo | State<br>MI | Zip Code<br>49008-2511 |
|-------------------|-------------|------------------------|

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02365

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William S. Mason  
Mailing Address P.O. Box 1609

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Ozona | State<br>TX | Zip Code<br>76943 |
|---------------|-------------|-------------------|

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02366

Amount of Each Receipt this Period  
300.00

FEC ID number of contributing federal political committee. **C**

|                               |                         |
|-------------------------------|-------------------------|
| Name of Employer<br>Requested | Occupation<br>Requested |
|-------------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick O Mathes  
Mailing Address 120 Sprin Dale Dr.

|               |             |                        |
|---------------|-------------|------------------------|
| City<br>Terry | State<br>MS | Zip Code<br>39170-7107 |
|---------------|-------------|------------------------|

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02367

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee. **C**

|                                 |                                   |
|---------------------------------|-----------------------------------|
| Name of Employer<br>Ryan Energy | Occupation<br>Directional Driller |
|---------------------------------|-----------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 796 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Errol J. Mathieu

Mailing Address 241 N. Goldenspur Way

City State Zip Code  
Orange CA 92869-4429

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
205.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02368

Amount of Each Receipt this Period  
205.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Harry Mattei

Mailing Address 3804 Warren Court

City State Zip Code  
Mobile AL 36608-1820

FEC ID number of contributing federal political committee. **C**

Name of Employer Thames And Batre Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02369

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. S K Matter Jr

Mailing Address 271 Torpoint Gate Rd

City State Zip Code  
Longwood FL 32779

FEC ID number of contributing federal political committee. **C**

Name of Employer At&T Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02370

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 797 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Raymond D. Mattheis

Mailing Address 170 55Th Avenue N.W.

City Hazen State ND Zip Code 58545-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai02371  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Matthews

Mailing Address 3647 Arcadian Drive

City Castro Valley State CA Zip Code 94546-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt: 03 / 04 / 2009  
Transaction ID: 2009M04L11ai02372  
Amount of Each Receipt this Period: 202.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Verna D. Mattox

Mailing Address 200 Paris Lane  
Apartment 218

City Newport Beach State CA Zip Code 92663-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai02373  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 552.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 798 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Joel L. Mattsson

Mailing Address 14155 Pepin Place

City State Zip Code  
Carmel IN 46032-9251

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai02374

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. M. Raymond Matuza

Mailing Address 181 Inlet Drive

City State Zip Code  
Saint Augustine FL 32080-5836

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai02375

Amount of Each Receipt this Period  
750.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Robert Maurer

Mailing Address 13664 Treasure Trail Drive

City State Zip Code  
San Antonio TX 78232-3500

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02376

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1850.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 799 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph Charles May

Mailing Address 1561 Briardale Drive

City State Zip Code  
Lucas TX 75002-7690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boeing Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02377

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Leon May

Mailing Address 230 Ensworth Place

City State Zip Code  
Nashville TN 37205-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02378

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael B. May

Mailing Address 3304 Rhodes Avenue  
Apartment 128

City State Zip Code  
New Boston OH 45662-4914

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02379

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 800 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Michael B. May</p> <p>Mailing Address 3304 Rhodes Avenue<br/>Apartment 128</p> <p>City State Zip Code<br/>New Boston OH 45662-4914</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>03 / 02 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02380</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">300.00</span></p> |
|---|--|

|   |  |
|---|--|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Michael B. May</p> <p>Mailing Address 3304 Rhodes Avenue<br/>Apartment 128</p> <p>City State Zip Code<br/>New Boston OH 45662-4914</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>03 / 09 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02381</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">300.00</span></p> |
|---|--|

|   |  |
|---|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Michael B. May</p> <p>Mailing Address 3304 Rhodes Avenue<br/>Apartment 128</p> <p>City State Zip Code<br/>New Boston OH 45662-4914</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/>03 / 16 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02382</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">100.00</span></p> |
|---|--|

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">700.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>      |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 801 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George L. Mayer

Mailing Address 2 Andrews Road

City State Zip Code  
Essex CT 06426-1311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Manhattan Realty Group Real Estate Investment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02383

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald J. Mayer

Mailing Address P.O. Box 9412

City State Zip Code  
Toledo OH 43697-9412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02384

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles Mazander

Mailing Address P.O. Box 945

City State Zip Code  
Benton AR 72018-0945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02385

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 802 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. James A. Mazzei

Mailing Address 5421 Oak Forest Lane

City State Zip Code  
Tulsa OK 74131-3462

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Aerospace Corporation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02386

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James A. Mazzei

Mailing Address 5421 Oak Forest Lane

City State Zip Code  
Tulsa OK 74131-3462

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Aerospace Corporation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02387

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eric Mc Afee

Mailing Address 10600 N De Anza Blvd

City State Zip Code  
Cupertino CA 95014-2000

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mc Afee Capital, LLC Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02388

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 700.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 803 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick J. Mc Aleese

Mailing Address 3276 Bellavista Lane

City State Zip Code  
Las Vegas NV 89122-3316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Culver City Composite Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02389

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Mc Burnett

Mailing Address 401 Isom Road  
Suite 100

City State Zip Code  
San Antonio TX 78216-5151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02390

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Mc Call

Mailing Address 2310B Nantucket Drive

City State Zip Code  
Houston TX 77057-2957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
P.M.C.C. & H. Ltd. Jolamteer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02391

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 804 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Kathleen Mc Caslin

Mailing Address 541 E. Erie Street  
Unit 201

City Milwaukee State WI Zip Code 53202-6235

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai02392  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Sam W. Mc Cleskey

Mailing Address 265 Lakeview Beach Drive

City Miramar Beach State FL Zip Code 32550-4192

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai02393  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Luke Mc Conn

Mailing Address 301 Sage

City Houston State TX Zip Code 77056

FEC ID number of contributing federal political committee. **C**

Name of Employer Sage Refined Products Occupation Oil Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 19 / 2009  
Transaction ID: 2009M04L11ai02394  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 805 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Penny J. Mc Connell

Mailing Address 1442 5Th Avenue

City State Zip Code  
Redlands CA 92374-5443

FEC ID number of contributing federal political committee. **C**

Name of Employer Redlands Unified School District  
Occupation Account Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02395

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Howard R. Mc Cord

Mailing Address 203 Sea Oats Drive  
Apartment H.

City State Zip Code  
Juno Beach FL 33408-1453

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02396

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Neil G. Mc Cormick

Mailing Address 18580 Rivercliff Drive

City State Zip Code  
Cleveland OH 44126-1740

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed  
Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02397

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 806 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Miss Richerlee Beth Mc Cormick

Mailing Address 1819 N.E. Hancock Street

City State Zip Code  
Portland OR 97212-4541

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02398

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Karl Mc Cowen

Mailing Address 7702 Goodman Drive N.W.

City State Zip Code  
Gig Harbor WA 98332-9557

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02399

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Sheila J. Mc Coy

Mailing Address P.O. Box 1675

City State Zip Code  
Lexington KY 40588-1675

FEC ID number of contributing federal political committee. **C**

Name of Employer Sheila A. Johnson, Inc. Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02400

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 807 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City Swarthmore State PA Zip Code 19081-1816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02401

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City Swarthmore State PA Zip Code 19081-1816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai02402

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Dino E.P. Mc Curdy

Mailing Address 801 Yale Avenue  
The Strath Haven #802

City Swarthmore State PA Zip Code 19081-1816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02403

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **200.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 808 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry W. Mc Curdy  
Mailing Address 116 Randi Drive  
City Madison State CT Zip Code 06443-2462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02404  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie Mc Curry  
Mailing Address 721 S. Ammerman Avenue  
City Eastland State TX Zip Code 76448-3201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai02405  
Amount of Each Receipt this Period 130.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lowell Mc Cuskey  
Mailing Address P.O. Box 800  
City Linn State MO Zip Code 65051-0800  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 16 / 2009  
Transaction ID: 2009M04L11ai02406  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 730.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 809 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles W. Mc Daniel

Mailing Address 101 Caroline Street

City State Zip Code  
Fredericksbrg VA 22401-6103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hilldrvp Companiel President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02407

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Cyrus Mc Daniel

Mailing Address 3615 North Countryview Road

City State Zip Code  
Urbana IL 61802-5742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cross Construction, Inc. C. F. O.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02408

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. John E. Mc Donald

Mailing Address 2500 Canyon Ridge Court

City State Zip Code  
Arlington TX 76006-4039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ameripath Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02409

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 810 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John P. Mc Donnell

Mailing Address 23600 Edgeview Court

City State Zip Code  
Deer Park IL 60010-3638

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02410

Amount of Each Receipt this Period  
750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Mc Donnell

Mailing Address 70 Sanders Ranch Road

City State Zip Code  
Moraga CA 94556-2806

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02411

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rori Mc Dougal

Mailing Address 103 Concord Court

City State Zip Code  
Swedesboro NJ 08085-3003

FEC ID number of contributing federal political committee. **C**

Name of Employer Peoplecore, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02412

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 811 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Darcy Mc Dougall

Mailing Address 414 Creekside Lane

City Sandpoint State ID Zip Code 83864-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai02413  
Amount of Each Receipt this Period: 750.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. Wallace Mc Dowell, Jr.

Mailing Address 426 Lake Avenue

City Greenwich State CT Zip Code 06830-3851

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai02414  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mary G. Mc Eachern

Mailing Address 3600 El Centro Street

City Saint Petersburg B State FL Zip Code 33706-3908

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai02415  
Amount of Each Receipt this Period: 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 812 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Mc Eldowney, Jr.

Mailing Address 111 Moorings Park Drive  
Apartment 117

City Naples State FL Zip Code 34105-2199

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02416  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Mc Elmoyl

Mailing Address 321 5th St

City Greenfield State CA Zip Code 93927-5107

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai02417  
Amount of Each Receipt this Period 220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael T. Mc Enany

Mailing Address 86 Martinique Avenue

City Tampa State FL Zip Code 33606-4053

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai02418  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1220.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 813 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Cecelia Mc Entee

Mailing Address 10347 Trellis Crossing Lane

City Richmond State VA Zip Code 23238-4443

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02419

Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lyn Mc Fadden

Mailing Address 7505 Royal Oak Drive

City Mc Lean State VA Zip Code 22102-2114

FEC ID number of contributing federal political committee. **C**

Name of Employer Coldwell Banker Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02420

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Olivia S. Mc Fadden

Mailing Address 11011 N. Zephyr Drive #111

City Fountain Hls State AZ Zip Code 85268-5505

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02421

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 460.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 814 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
M. G. Richmond Mc Farland, Jr.  
Mailing Address 118 Hillside Road

City State Zip Code  
Wayne PA 19087-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02422  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Keith A. Mc Farland  
Mailing Address 13023 Blue Canyon Circle

City State Zip Code  
Oklahoma City OK 73142-6207

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02423  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nelson B. Mc Gee  
Mailing Address 810 E. Riverside Avenue

City State Zip Code  
San Angelo TX 76905-7840

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai02424  
Amount of Each Receipt this Period: 140.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 640.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 815 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Leland C. Mc Gill

Mailing Address 4245 E. 6Th Avenue

City State Zip Code  
Denver CO 80220-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02425

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Edith Mc Grath-Walsh

Mailing Address 906 Santa Hidalgo

City State Zip Code  
Solana Beach CA 92075-1557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02426

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Edith Mc Grath-Walsh

Mailing Address 906 Santa Hidalgo

City State Zip Code  
Solana Beach CA 92075-1557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02427

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 816 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harold W. Mc Graw, Jr.

Mailing Address 10 Watch Tower Road

City State Zip Code  
Darien CT 06820-2928

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02428

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Martha H. Mc Graw

Mailing Address 4 Noel Lane

City State Zip Code  
Cincinnati OH 45243-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 360.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02429

Amount of Each Receipt this Period  
360.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Tim W Mc Graw

Mailing Address 1417 Lanham

City State Zip Code  
Midland TX 79701-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai02430

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1660.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 817 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles W. Mc Guire

Mailing Address 501 S. 16Th Street

City Richmond State IN Zip Code 47374-6434

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 2009M04L11ai02431

Amount of Each Receipt this Period 220.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Mc Guire

Mailing Address P.O. Box 767

City Manomet State MA Zip Code 02345-0767

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai02432

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Leonard Mc Guire

Mailing Address P.O. Box 767

City Manomet State MA Zip Code 02345-0767

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02433

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 818 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City Peoria State AZ Zip Code 85381-4873

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02434

Amount of Each Receipt this Period  
1200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Mc Henry

Mailing Address 13373 N. Plaza Del Rio Blvd.

City Peoria State AZ Zip Code 85381-4873

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02435

Amount of Each Receipt this Period  
600.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. S. A. Mc Innis

Mailing Address P.O. Box 8682

City Moss Point State MS Zip Code 39562-0011

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02436

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 819 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. J. Paul Mc Intosh

Mailing Address P.O. Box 1366

City State Zip Code  
Norfolk NE 68702-1366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02437

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Mc Iver

Mailing Address 5400 Covenant Lane

City State Zip Code  
Winston Salem NC 27106-6459

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02438

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Marcia Mc Kenna

Mailing Address 1013 Kings Road

City State Zip Code  
Conway SC 29526-9406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02439

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 820 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Mc Keon

Mailing Address 7824 W. Boulevard Drive

City State Zip Code  
Alexandria VA 22308-1001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fish O. Richardson, P.C. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02440

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Paul D. Mc Kernan

Mailing Address 1526 W. Caribbean Lane

City State Zip Code  
Phoenix AZ 85023-6791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arrowhead Ob/Gyn, Ltd Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02441

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard Mc Kinless

Mailing Address 5034 36Th Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02442

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |
|---|---|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: <span style="float: right;">PAGE 821 / 1940</span> |
|   | (check only one)  |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14   |
| <input type="checkbox"/> 15   | <input type="checkbox"/> 12   |
|   | <input type="checkbox"/> 16   |
|   | <input type="checkbox"/> 17   |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mr. &amp; Mrs. Marvin Mc Kinney</p> <p>Mailing Address 628 W. Surf Spray Lane</p> <p>City State Zip Code<br/>Ponte Vedra Beach FL 32082-3637</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>300.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>03 / 11 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02443</p> <p>Amount of Each Receipt this Period<br/>300.00</p> |
|---|---|

|   |   |
|---|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Bob Mc Kown</p> <p>Mailing Address 30 Cutting Cross Way</p> <p>City State Zip Code<br/>Wayland MA 01778-3844</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Self-Employed Occupation Self-Employed</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>205.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>03 / 31 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02444</p> <p>Amount of Each Receipt this Period<br/>205.00</p> |
|---|---|

|  |   |
|--|---|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. John F. Mc Laughlin, Jr.</p> <p>Mailing Address 12137 St. Clement Street</p> <p>City State Zip Code<br/>Des Peres MO 63131-4020</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For:<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼<br/>440.00</p> | <p>Date of Receipt<br/>MM / DD / YYYY<br/>03 / 16 / 2009</p> <p><b>Transaction ID:</b> 2009M04L11ai02445</p> <p>Amount of Each Receipt this Period<br/>220.00</p> |
|--|---|

|   |                      |
|---|----------------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p><b>725.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                      |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 822 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Matthew S. Mc Laughlin

Mailing Address 16916 Hierba Drive  
Apartment 260

City San Diego State CA Zip Code 92128-2691

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai02446  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Col. Billy A. Mc Leod

Mailing Address 7452 Spring Village Drive  
Apartment 225

City Springfield State VA Zip Code 22150-4949

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai02447  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Col. Billy A. Mc Leod

Mailing Address 7452 Spring Village Drive  
Apartment 225

City Springfield State VA Zip Code 22150-4949

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 24 / 2009  
Transaction ID: 2009M04L11ai02448  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 400.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 823 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James H. Mc Manus

Mailing Address 88 Chestnut Street

City State Zip Code  
Weston MA 02493-1533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fox & Hounds Properties Commercial Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02449

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Col. Druery C. Mc Millan, U.S.A. (Re

Mailing Address 4080 Crest Road

City State Zip Code  
Pebble Beach CA 93953-3007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02450

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward N. Mc Millan

Mailing Address 29 Cherry Hills Farm

City State Zip Code  
Englewood CO 80113-7113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02451

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **950.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 824 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Miss Janice R. Mc Morrow

Mailing Address 15109 Alexis Drive

City Tampa State FL Zip Code 33624-2344

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02452

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn H Mc Murray

Mailing Address 111 Chunks Brook Rd

City Arlington State VT Zip Code 05250-8948

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai02453

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald J. Mc Nabb

Mailing Address 1369 Idaho Avenue W.

City Saint Paul State MN Zip Code 55108-2113

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02454

Amount of Each Receipt this Period 105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 855.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 825 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                           |                                       |  |
|---|---|---------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Alan Lock Mc Natt, Sr. |                           | Date of Receipt                       |  |
|   | Mailing Address 4401 N. I-35<br>Mc Natt Properties, L.C.              |                           | M M / D D / Y Y Y Y<br>03 / 25 / 2009 |  |
|   | City  | State                     | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02455 |
|   | Denton  | TX                        | 76207-3432                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b>   |                           | 1000.00                               |  |
| Name of Employer<br>Mc Natt Properties, L.C.  |   | Occupation<br>Real Estate |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼  |                                       |  |
|   |   | 1000.00                   |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Denman K. Mc Near    |                          | Date of Receipt                       |  |
|   | Mailing Address 10 Turnagain Road                                   |                          | M M / D D / Y Y Y Y<br>03 / 12 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02456 |
|   | Kentfield   | CA                       | 94904-2717                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 1000.00                               |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 1000.00                  |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James E. Mc Nulty    |                          | Date of Receipt                       |  |
|   | Mailing Address 9463 Little Mountain Road                           |                          | M M / D D / Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02457 |
|   | Kirtland Hills  | OH                       | 44060-9405                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 100.00                                |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 300.00                   |                                       |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 826 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Jordine Mc Nutt | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|   | Mailing Address 1705 W. Cedar Street                            | <b>Transaction ID:</b> 2009M04L11ai02458            |
|   | City State Zip Code<br>El Dorado AR 71730-5309                  | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Retired Retired                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                              |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Rick Mc Queary           | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 490 S. Oaks Drive                                       | <b>Transaction ID:</b> 2009M04L11ai02459            |
|   | City State Zip Code<br>Springfield MO 65809-1101                        | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C         |   |
|   | Name of Employer Occupation<br>Mc Queary Brothers Drug Company Chairman |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                      |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gerry Mc Reynolds    | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|   | Mailing Address 12930 Sw Pacific Highway<br>P.O. Box 23877          | <b>Transaction ID:</b> 2009M04L11ai02460            |
|   | City State Zip Code<br>Tigard OR 97223-5088                         | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C     |   |
|   | Name of Employer Occupation<br>Pacific Tax Service Accountant/Owner |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 827 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Larry J. Mc Vay      |                             | Date of Receipt   |
|   | Mailing Address 9302 W. Pocket Hollow Road                          |                             | <input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2009"/> |
|   | City  | State                       | Zip Code  |
|   | Gosport   | IN                          | 47433-8901  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02461  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text" value="255.00"/>   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. L. D. McClatchey     |                             | Date of Receipt   |
|   | Mailing Address 1212 N. Plaza Drive                                 |                             | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/> |
|   | City  | State                       | Zip Code  |
|   | Visalia   | CA                          | 93291-8827  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02462  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text" value="230.00"/>   |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Vilma McComsey      |                          | Date of Receipt   |
|   | Mailing Address 3414 Hunts Point Road                               |                          | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/> |
|   | City  | State                    | Zip Code  |
|   | Hunts Point   | WA                       | 98004-1116  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> 2009M04L11ai02463  |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="985.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 828 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Col. Joubert S. McCrea

Mailing Address 4800 Fillmore Avenue  
Apartment 159

City State Zip Code  
Alexandria VA 22311-5051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02464

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Doug McCreight

Mailing Address 7706 Royal Azalea Court

City State Zip Code  
Springfield VA 22153-2157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02465

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Doug McCreight

Mailing Address 7706 Royal Azalea Court

City State Zip Code  
Springfield VA 22153-2157

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02466

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 829 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Vincent J. McCue

Mailing Address P.O. Box 22  
464 Sycamore Avenue

City Shrewsbury State NJ Zip Code 07702-0022

FEC ID number of contributing federal political committee. **C**

Name of Employer R&R Marketing Occupation Wholesale Liquor Distributor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02467

Amount of Each Receipt this Period  
135.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James T. McCulley

Mailing Address 4308 Cloverdale Est.

City Northport State AL Zip Code 35473-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02468

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael McNally

Mailing Address 9 Jane Lacey Dr.  
Apartment B.

City Endicott State NY Zip Code 13760-3717

FEC ID number of contributing federal political committee. **C**

Name of Employer Hr Occupation United Health Service Vp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02469

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **635.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 830 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Rev. Thomas McCabe

Mailing Address 9533 N. Shore Trl. N.

City State Zip Code  
Forest Lake MN 55025-9185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Archdiocese Of St. Paul Catholic Clergy

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02470

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Rev. Thomas McCabe

Mailing Address 9533 N. Shore Trl. N.

City State Zip Code  
Forest Lake MN 55025-9185

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Archdiocese Of St. Paul Catholic Clergy

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02471

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Denise McCorkhill

Mailing Address 125 Palmetto Drive

City State Zip Code  
Rincon GA 31326-5112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Verisign Programmer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02472

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 831 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis Mcdermott

Mailing Address 3880 Downing Lane NE

City State Zip Code  
Atlanta GA 30319-1669

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Suntrust Banking

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02473

Amount of Each Receipt this Period  
5000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas P. Mcdonagh, Jr.

Mailing Address 4951 Gulf Shore Blvd. N.  
Apt.. 1702

City State Zip Code  
Naples FL 34103-2271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02474

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dan Mckillop

Mailing Address 8120 Pheasant Dr.

City State Zip Code  
Gillette WY 82718-7243

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02475

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 832 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lon A Mcwrightman

Mailing Address 9145 SE Orient Drive

City Boring State OR Zip Code 97009-9423

FEC ID number of contributing federal political committee. **C**

Name of Employer Oregon and Health Science Univ Occupation Systems Software Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 2009M04L11ai02476

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Meade

Mailing Address 103 Regent Court

City East Peoria State IL Zip Code 61611-1581

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai02477

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. August Meadows

Mailing Address 4300 Hampton Hall Court

City Belcamp State MD Zip Code 21017-1337

FEC ID number of contributing federal political committee. **C**

Name of Employer United States Army Occupation United States Army

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai02478

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 833 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Frances J. Meadows

Mailing Address 9801 W. Fm 4

City State Zip Code  
Godley TX 76044-3909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02479

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Alexandria Z. Meccia

Mailing Address 7520 Ridgewood Lane

City State Zip Code  
Burr Ridge IL 60527-5159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02480

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Sandra Medchill

Mailing Address 1571 Fairway Circle

City State Zip Code  
Geneva IL 60134-3182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02481

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 834 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Francisco S. Medina

Mailing Address 1337 Green Hills Court

City State Zip Code  
Duncanville TX 75137-2841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02482

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Regina A. Melbourne

Mailing Address 316 S Grant St

City State Zip Code  
Hinsdale IL 60521-4053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker/Spouse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02483

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A Mell

Mailing Address 8355 NW 110st

City State Zip Code  
Reddick FL 32686-4553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Management Alternatives, Ltd Vice President Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02484

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 835 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James G. Mellin

Mailing Address 15 Wood Road

City Middletown State RI Zip Code 02842-6220

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 05 / 2009

Transaction ID: 2009M04L11ai02485

Amount of Each Receipt this Period: 55.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James G. Mellin

Mailing Address 15 Wood Road

City Middletown State RI Zip Code 02842-6220

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 20 / 2009

Transaction ID: 2009M04L11ai02486

Amount of Each Receipt this Period: 55.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony L. Mellos

Mailing Address 16668 Cumbre Verde Court

City Pacific Palisades State CA Zip Code 90272-1914

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2009

Transaction ID: 2009M04L11ai02487

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 836 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Bohdan & Dolores Melnyk

Mailing Address 26727 Newport Avenue

City State Zip Code  
Warren MI 48089-4557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02488

Amount of Each Receipt this Period  
110.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City State Zip Code  
Cary NC 27519-3222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Administrative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02489

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City State Zip Code  
Cary NC 27519-3222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Administrative

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02490

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

170.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 837 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Melvin

Mailing Address P.O. Box 3222

City Cary State NC Zip Code 27519-3222

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Administrative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 27 / 2009

Transaction ID: 2009M04L11ai02491

Amount of Each Receipt this Period: 70.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark Mendenhall

Mailing Address 407 W. Cowan Dr.

City Houston State TX Zip Code 77007-5034

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Food Distributor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2009

Transaction ID: 2009M04L11ai02492

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Colleen Merendino

Mailing Address 101999 Suey Creek Road

City Santa Maria State CA Zip Code 93454

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 30 / 2009

Transaction ID: 2009M04L11ai02493

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **770.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 838 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Stephen Merrick  
 Mailing Address 422 W. Rosiland Dr.  
 City Palatine State IL Zip Code 60074  
 Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai02494  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Citi Industries Corporation Occupation Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Thomas P. Merrick  
 Mailing Address 80 Harbor Ridge Drive  
 City Newport Beach State CA Zip Code 92660-6814  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai02495  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Robert Merrill  
 Mailing Address 1026 N. Fairview Place  
 City East Wenatchee State WA Zip Code 98802-4494  
 Date of Receipt 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai02496  
 Amount of Each Receipt this Period 300.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Dentist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 839 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Merritt

Mailing Address 10735 Cory Lake Drive

City Tampa State FL Zip Code 33647-2725

FEC ID number of contributing federal political committee. **C**

Name of Employer Veterans Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02497  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Donald T. Metcalfe

Mailing Address 106 Private Road 4261

City Clifton State TX Zip Code 76634-3653

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 19 / 2009  
Transaction ID: 2009M04L11ai02498  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Harry A. Metz, Jr.

Mailing Address 205 Fiddlers Point Drive

City Saint Augustine State FL Zip Code 32080-6134

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai02499  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 840 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Janis Meyer

Mailing Address 4807 Buckskin Pass

City State Zip Code  
Austin TX 78745-2837

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Section Administrator

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai02500

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Jimmy C. Meyer

Mailing Address 8103 Rolling Knoll Court

City State Zip Code  
Springfield VA 22153-2530

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Senior Systems Analyst

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02501

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Susanna S. Meyer

Mailing Address 8 Deer Haven Drive

City State Zip Code  
Sheridan WY 82801-9052

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02502

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

865.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 841 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Ernest S. Micek

Mailing Address 6940 E. Rock Ledge Place

City State Zip Code  
 Tucson AZ 85750-0982

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02503

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mrs. Mary E. Michael

Mailing Address P.O. Box 75

City State Zip Code  
 Saint Michaels MD 21663-0075

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02504

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Michael J. Migliore, Jr.

Mailing Address 7901 Locke Road

City State Zip Code  
 Vacaville CA 95688-9615

FEC ID number of contributing federal political committee. **C**

Name of Employer City Of Berkeley Occupation Firefighter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02505

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 842 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn P. Mijares  
Mailing Address P.O. Box 456  
City State Zip Code  
Sunset Beach CA 90742-0456  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009  
Transaction ID: 2009M04L11ai02506  
Amount of Each Receipt this Period  
255.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Mikesell  
Mailing Address P.O. Box 1020  
City State Zip Code  
Craig CO 81626-1020  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009  
Transaction ID: 2009M04L11ai02507  
Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Teresa Milan  
Mailing Address P.O. Box 446  
City State Zip Code  
Ponte Vedra Beach FL 32004-0446  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Na Occupation Housewife  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009  
Transaction ID: 2009M04L11ai02508  
Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 905.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 843 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Milbrath

Mailing Address 5200 S.W. 25Th Blvd.  
Unit 3221

City Gainesville State FL Zip Code 32608-8923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02509  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert H. Milbrath

Mailing Address 5200 S.W. 25Th Blvd.  
Unit 3221

City Gainesville State FL Zip Code 32608-8923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02510  
Amount of Each Receipt this Period 105.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Milgard

Mailing Address P.O. Box 8690

City Ketchum State ID Zip Code 83340-7160

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Day Group L.L.C. Occupation Private Equity

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02511  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 705.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 844 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Adeline Miller

Mailing Address P.O. Box 34

City State Zip Code  
Rodeo NM 88056-0034

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02512

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Adeline Miller

Mailing Address P.O. Box 34

City State Zip Code  
Rodeo NM 88056-0034

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02513

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Arthur Miller

Mailing Address 210 Valley Club Circle

City State Zip Code  
Little Rock AR 72212-2914

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02514

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

700.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 846 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth S. Miller

Mailing Address 16614 Lafone Dr

City State Zip Code  
 Spring TX 77379-7507

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02518

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Henry S. Miller

Mailing Address 250 Park Avenue

City State Zip Code  
 New York NY 10177-0073

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
 Miller Buckfire & Company, L.L.C. Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02519

Amount of Each Receipt this Period  
 30400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James C. Miller

Mailing Address 103 Trio Court

City State Zip Code  
 Holly Hill FL 32117-4937

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
 Disabled Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02520

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **30730.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 847 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. James C. Miller

Mailing Address 103 Trio Court

City State Zip Code  
 Holly Hill FL 32117-4937

FEC ID number of contributing federal political committee. **C**

Name of Employer Disabled Occupation Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02521

Amount of Each Receipt this Period  
 5.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. James M. Miller

Mailing Address 12444 Highfield Circle

City State Zip Code  
 Lakewood Ranch FL 34202-7909

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Philanthropist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02522

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
 Prof. John B. Miller

Mailing Address 40 Westland Avenue

City State Zip Code  
 Winchester MA 01890-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer Patton Boggs L.L.P. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02523

Amount of Each Receipt this Period  
 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1005.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 848 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Lester C. Miller

Mailing Address P.O. Box 343

City State Zip Code  
Goodwell OK 73939-0343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02524

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Lisa A. Miller

Mailing Address 14806 Donna Lane

City State Zip Code  
Crosby TX 77532-6040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai02525

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Margaret Miller

Mailing Address 9 Pleasant Hill Drive

City State Zip Code  
Rolling Hills Esta CA 90274-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Self Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02526

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 849 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mark I. Miller

Mailing Address 40 Overlook Road

City State Zip Code  
Livingston NJ 07039-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Consultants Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02527

Amount of Each Receipt this Period  
270.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Maynard M. Miller

Mailing Address 514 E. 1St Street

City State Zip Code  
Moscow ID 83843-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Idaho Occupation Geologist & Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02528

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Maynard M. Miller

Mailing Address 514 E. 1St Street

City State Zip Code  
Moscow ID 83843-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Idaho Occupation Geologist & Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 340.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02529

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

410.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 850 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Paul R. Miller

Mailing Address 6738 S. Russellville Road

City State Zip Code  
Franktown CO 80116-8304

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02530

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randall Miller

Mailing Address 8412 Telegraph Road

City State Zip Code  
Lorton VA 22079-1306

FEC ID number of contributing federal political committee. **C**

Name of Employer Department of Transportation Occupation Federal Employee

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02531

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Miller

Mailing Address 16011 Kinmont Court

City State Zip Code  
Spring TX 77379-6839

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02532

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 851 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Virgie Miller

Mailing Address 4895 Convair Drive

City Carson City State NV Zip Code 89706-0492

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02533

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Wilton E. Miller

Mailing Address 1720 Calle Laguna

City Arroyo Grande State CA Zip Code 93420-5972

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02534

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Theresa K. Milligan

Mailing Address 5712 Meadow Wood Lane

City Fort Worth State TX Zip Code 76112-3034

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02535

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1470.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 852 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harry L. Million

Mailing Address 421 S. 30Th Street

City Philomath State OR Zip Code 97370-9372

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02536

Amount of Each Receipt this Period  
70.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Harry L. Million

Mailing Address 421 S. 30Th Street

City Philomath State OR Zip Code 97370-9372

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02537

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City Austin State TX Zip Code 78748-6006

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation Many Long Years Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02538

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 220.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 853 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City Austin State TX Zip Code 78748-6006

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation Many Long Years Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02539  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Billy J. Millis

Mailing Address 2502 Barkwood Drive

City Austin State TX Zip Code 78748-6006

FEC ID number of contributing federal political committee. **C**

Name of Employer USAF Occupation Many Long Years Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02540  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Rick J. Mills

Mailing Address 9365 Smithson Ln.

City Brentwood State TN Zip Code 37027-8747

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai02541  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 854 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mollie W. Milne  
Mailing Address 4202 N. 79Th St.  
City State Zip Code  
Scottsdale AZ 85251-4117  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02542  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Laure L. Mineo  
Mailing Address 7322 Donaldson Dr.  
City State Zip Code  
Gonzales LA 70737-8169  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Homemaker Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai02543  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert N. Minich  
Mailing Address 8303 Decoy Run  
City State Zip Code  
Manlius NY 13104-9324  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai02544  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 855 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David S. Minton

Mailing Address 7949 Mc Kaig Road

City State Zip Code  
Frederick MD 21701-8912

FEC ID number of contributing federal political committee. **C**

Name of Employer: Housing Opportunities Commission  
Occupation: Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
245.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai02545  
Amount of Each Receipt this Period: 245.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert M. Minton

Mailing Address 1204 N. Marshall

City State Zip Code  
Henderson TX 75652-5624

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed  
Occupation: Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02546  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jim L Mirkes

Mailing Address 1201 Placid Ave

City State Zip Code  
Plano TX 75074

FEC ID number of contributing federal political committee. **C**

Name of Employer: Merit Contractors, Inc.  
Occupation: Construction

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai02547  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1245.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 856 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joseph L. Mistretta, Jr. |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 27229 SW Aden Avenue                                    |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 | 9 |
|   | M   | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3                                  |   | 3 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Wilsonville OR 97070-6560                        |                                    | <b>Transaction ID:</b> 2009M04L11ai02548  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Cecil Darrel Mitchell |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 900 W. Vandever Blvd.                                |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 2 |  | 2 | 0 | 0 | 9 |
|   | M  | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3                                  |   | 0 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Broken Arrow OK 74012-7667                    |                                    | <b>Transaction ID:</b> 2009M04L11ai02549  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Mr. John B. Mitchell |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 7803 Elm Tree Ct                                |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 2 |  | 2 | 0 | 0 | 9 |
|  | M   | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 0   | 3                                  |   | 0 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City State Zip Code<br>Sugar Land TX 77479-6404                 |                                    | <b>Transaction ID:</b> 2009M04L11ai02550  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Acute Technological Services<br>Occupation Ceo<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>350.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 857 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Norris Mitchell

Mailing Address P.O. Box 311

City State Zip Code  
Mc Lean VA 22101-0311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02551

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott Mitchell

Mailing Address 8500 Clarendon Drive

City State Zip Code  
Evansville IN 47725-7494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Heart Group Pa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02552

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Janet Mixon

Mailing Address 206 Oak Ave  
P.O. Box 1729

City State Zip Code  
Anna Maria FL 34216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mixon Fruit Farms, Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02553

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 858 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. June T. Miyagishima

Mailing Address 1300 University Street  
Apartment 2A

City State Zip Code  
Seattle WA 98101-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02554

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Mary Jo & Randy Mizer

Mailing Address 3210 Julian Avenue

City State Zip Code  
Long Beach CA 90808-4448

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02555

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jack E. Mobley

Mailing Address P.O. Box 596

City State Zip Code  
Deer Park TX 77536-0596

FEC ID number of contributing federal political committee. **C**

Name of Employer Mobley Industrial Painters Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02556

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 859 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl B. Mockensturm

Mailing Address 7913 Lookout Circle

City State Zip Code  
Monclova OH 43542-8314

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02557

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Carl B. Mockensturm

Mailing Address 7913 Lookout Circle

City State Zip Code  
Monclova OH 43542-8314

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02558

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Armin J. Moeller, Jr.

Mailing Address P.O. Box 22587

City State Zip Code  
Jackson MS 39225-2587

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai02559

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 860 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Delores Moelter

Mailing Address P.O. Box 1653

City State Zip Code  
La Quinta CA 92247-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02560

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Delores Moelter

Mailing Address P.O. Box 1653

City State Zip Code  
La Quinta CA 92247-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02561

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Delores Moelter

Mailing Address P.O. Box 1653

City State Zip Code  
La Quinta CA 92247-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02562

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 861 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Mohr

Mailing Address 16 Viejo Way

City State Zip Code  
Novato CA 94945-1338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02563

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M. Mohr

Mailing Address 16 Viejo Way

City State Zip Code  
Novato CA 94945-1338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02564

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Luis Mola

Mailing Address 2509 Castilla Island

City State Zip Code  
Fort Lauderdale FL 33301-1580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D.M.E. Corporation Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai02565

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 862 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Ray Molczyk

Mailing Address P.O. Box 105

City State Zip Code  
Spalding NE 68665-0105

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02566

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter E. Moll

Mailing Address 2001 Whiteoaks Drive

City State Zip Code  
Alexandria VA 22306-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer Howrey, L.L.P. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02567

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jeremy J. Mollison

Mailing Address 201 S. 18Th Street  
Rittenhouse Claridge #1407

City State Zip Code  
Philadelphia PA 19103-5957

FEC ID number of contributing federal political committee. **C**

Name of Employer Pennsylvania Real Estate Inves Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02568

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 863 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Mondello

Mailing Address 153 Meadow Lane

City State Zip Code  
New Rochelle NY 10805-2345

FEC ID number of contributing federal political committee. **C**

Name of Employer: Grassl Development Corp. Occupation: Book Keeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02569

Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Mondello

Mailing Address 153 Meadow Lane

City State Zip Code  
New Rochelle NY 10805-2345

FEC ID number of contributing federal political committee. **C**

Name of Employer: Grassl Development Corp. Occupation: Book Keeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02570

Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. L. Monroe

Mailing Address 1010 Walker Ford Road

City State Zip Code  
Maynardville TN 37807-4137

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self-Employed Occupation: Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02571

Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 864 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William A. Monroe

Mailing Address 4124 Shadow Drive

City State Zip Code  
Fort Worth TX 76116-8129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Jetta Operating Company Petroleum Geologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02572

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ramon G. Montes

Mailing Address 16240 N. 56Th Way

City State Zip Code  
Scottsdale AZ 85254-9212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Banner Health System Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02573

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
7211 Scatter View Lane

City State Zip Code  
Rochester WA 98579-0908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02574

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 625.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 865 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
7211 Scatter View Lane

City State Zip Code  
Rochester WA 98579-0908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02575

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
7211 Scatter View Lane

City State Zip Code  
Rochester WA 98579-0908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai02576

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald M. Montgomery

Mailing Address P.O. Box 908  
7211 Scatter View Lane

City State Zip Code  
Rochester WA 98579-0908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02577

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

200.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 866 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John R. Montgomery, II | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 901 Hillsboro Mile                                    | <b>Transaction ID:</b> 2009M04L11ai02578            |
|   | City Hillsboro Beach State FL Zip Code 33062-2801                     | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b>   |   |
| Name of Employer Retired Occupation Retired   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael Montgomery   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 1488 Key Lane                                       | <b>Transaction ID:</b> 2009M04L11ai02579            |
|   | City Abilene State TX Zip Code 79602-7610                           | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Radiology Associates Occupation M.D.   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Wally O. Montgomery  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 117 N. 2Nd Street Suite 202                         | <b>Transaction ID:</b> 2009M04L11ai02580            |
|   | City Paducah State KY Zip Code 42001-0743                           | Amount of Each Receipt this Period<br>305.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Retired Occupation Retired   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>305.00                                  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1555.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 867 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Arlene Moody

Mailing Address 15101 Delahunty Lane

City Pflugerville State TX Zip Code 78660-3344

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02581  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Mooney

Mailing Address 524 Manzanita St.

City Chula Vista State CA Zip Code 91911-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Unsn (Ret)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02582  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Annette Moore

Mailing Address 2019 Florinda Street

City Sarasota State FL Zip Code 34231-3417

FEC ID number of contributing federal political committee. **C**

Name of Employer Master Graphics, Inc. Occupation Printing & Graphics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02583  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 868 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Anthony Moore

Mailing Address 3203 Cornell Avenue

City State Zip Code  
Dallas TX 75205-2933

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02584

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Arthur Dale Moore

Mailing Address 1623 Peerman School Road

City State Zip Code  
Altavista VA 24517-4099

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02585

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Carolyn J Moore

Mailing Address 604 Royal Oaks

City State Zip Code  
Friendswood TX 77546-7006

FEC ID number of contributing federal political committee. **C**

Name of Employer Brand Iq, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02586

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 869 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. John M. Moore

Mailing Address P.O. Box 269

City State Zip Code  
Saluda VA 23149-0269

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02587

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Matthew P. Moore

Mailing Address 1619 167Th Avenue N.E.

City State Zip Code  
Bellevue WA 98008-2909

FEC ID number of contributing federal political committee. **C**

Name of Employer Seagull Scientific, Inc. Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02588

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Norman Moore

Mailing Address 272 Hamakua Dr

City State Zip Code  
Kailua HI 96734

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Navy Occupation Military

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02589

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 870 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Ms. Sandra C. Moore</p> <p>Mailing Address 14301 Albers Street</p> <p>City State Zip Code<br/><b>Sherman Oaks CA 91401-5105</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Requested Occupation Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">400.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/><span style="border: 1px solid black; padding: 2px;">03 / 09 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai02590</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">100.00</span></p> |
|---|--|

|  |   |
|--|---|
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Stephen F. Moore</p> <p>Mailing Address 1019 Lake Colonial Drive</p> <p>City State Zip Code<br/><b>Arrington TN 37014-9746</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Requested Occupation Requested<br/>T.B.A. Corporation Marketing</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/><span style="border: 1px solid black; padding: 2px;">03 / 09 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai02591</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">1000.00</span></p> |
|--|---|

|  |  |
|--|--|
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Mr. William B. Moore</p> <p>Mailing Address 3830 Dutch Hollow Lane</p> <p>City State Zip Code<br/><b>Pacific MO 63069-2556</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Requested Occupation Requested</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p> | <p>Date of Receipt<br/><span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span><br/><span style="border: 1px solid black; padding: 2px;">03 / 05 / 2009</span></p> <p><b>Transaction ID:</b> 2009M04L11ai02592</p> <p>Amount of Each Receipt this Period<br/><span style="border: 1px solid black; padding: 2px;">300.00</span></p> |
|--|--|

|  |   |
|--|---|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <span style="border: 1px solid black; padding: 2px;">1400.00</span> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <span style="border: 1px solid black; padding: 2px;"> </span>       |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 871 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jorge A. Morales

Mailing Address P.O. Box 1899

City State Zip Code  
Dubois WY 82513-1899

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02593

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Orlando Morales Montero, Sr.

Mailing Address 4960 S.W. 128Th Avenue

City State Zip Code  
Miramar FL 33027-5828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hilton Hotel Airport Tower Server

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02594

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Moran

Mailing Address 1239 Cricket Drive N.E.

City State Zip Code  
Palm Bay FL 32907-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02595

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 872 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Donna Moran

Mailing Address 1239 Cricket Drive N.E.

City State Zip Code  
Palm Bay FL 32907-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02596

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Joe E. Moreland

Mailing Address P. O. Box 430

City State Zip Code  
Osawatomie KS 66064-0430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02597

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Harold Morgan

Mailing Address 119 Robert E. Lee Boulevard

City State Zip Code  
Vicksburg MS 39183-8728

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai02598

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) .....

1270.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 873 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia B. Morgan

Mailing Address 5 Stonegate Drive

City Belleair State FL Zip Code 33756-1687

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai02599

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Morgan

Mailing Address 11202 Valley Stream

City Houston State TX Zip Code 77043-4623

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai02600

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Morgan

Mailing Address 11202 Valley Stream

City Houston State TX Zip Code 77043-4623

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 25 / 2009

Transaction ID: 2009M04L11ai02601

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 874 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles J. Mormino

Mailing Address 8811 Gaylord

City State Zip Code  
Houston TX 77024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02602  
Amount of Each Receipt this Period: 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James F. Morrill

Mailing Address 200 Palm Circle

City State Zip Code  
Lake Worth FL 33462-6629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02603  
Amount of Each Receipt this Period: 110.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. April Morris

Mailing Address 2167 Vestibule Church Road

City State Zip Code  
Kings Mountain NC 28086-9129

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai02604  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 910.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 875 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. I. A. Morris, Jr.

Mailing Address 2867 Outlet Road

City State Zip Code  
Clifton Springs NY 14432-9742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G.W. LISK COMPANY, INC. BOARD CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02605

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. I. A. Morris, Jr.

Mailing Address 2867 Outlet Road

City State Zip Code  
Clifton Springs NY 14432-9742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
G.W. LISK COMPANY, INC. BOARD CHAIRMAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02606

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Morris

Mailing Address 307 Beach Drive

City State Zip Code  
Destin FL 32541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02607

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 876 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Helen D Morrison   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 234 Twelfth Street, S.E.   | <b>Transaction ID:</b> 2009M04L11ai02608            |
|           | City State Zip Code<br>Washington DC 20003-1428  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer: Arnold & Porter<br>Occupation: Ret.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Helen D Morrison   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 234 Twelfth Street, S.E.   | <b>Transaction ID:</b> 2009M04L11ai02609            |
|           | City State Zip Code<br>Washington DC 20003-1428  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer: Arnold & Porter<br>Occupation: Ret.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>900.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Michael Morrison   | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|           | Mailing Address 15239 Newburgh Rd   | <b>Transaction ID:</b> 2009M04L11ai02610            |
|           | City State Zip Code<br>Livonia MI 48154-5038  | Amount of Each Receipt this Period<br>115.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00                  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>415.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 877 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. C. Richard Morrow

Mailing Address 1737 Highway 61

City State Zip Code  
Wever IA 52658-9554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 510.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02611

Amount of Each Receipt this Period  
255.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Fern L. Morse

Mailing Address 316 Center Street

City State Zip Code  
Vermillion SD 57069-2116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02612

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Davis Mortensen

Mailing Address 1661 Snug Harbor Drive

City State Zip Code  
Greensboro GA 30642-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02613

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

555.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 878 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William S. Mortensen

Mailing Address 559 Almoloya Drive

City State Zip Code  
Pacific Palisades CA 90272-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02614

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynda S. Moscatello

Mailing Address R.R. 6 Box 6198C

City State Zip Code  
Stroudsburg PA 18360-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Penson Creek Financial Service, Inc. Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai02615

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Moseley

Mailing Address 4403 Via Abridada

City State Zip Code  
Santa Barbara CA 93110-2301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02616

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 879 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Mott

Mailing Address P.O. Box 400

City State Zip Code  
Rainier WA 98576-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Potielco I.N.C. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02617

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Mott

Mailing Address P.O. Box 400

City State Zip Code  
Rainier WA 98576-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Potielco I.N.C. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02618

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Vernon B. Mountcastle

Mailing Address 6605 Walnutwood Circle

City State Zip Code  
Baltimore MD 21212-1214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02619

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 880 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Paraskevi Mourkakos  
 Mailing Address 3273 32Nd Street  
 City Astoria State NY Zip Code 11106-2644  
 Date of Receipt 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02620  
 Amount of Each Receipt this Period 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 210.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Frank Moya  
 Mailing Address 5915 Ponce De Leon Blvd. Suite 19  
 City Coral Gables State FL Zip Code 33146-2435  
 Date of Receipt 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai02621  
 Amount of Each Receipt this Period 400.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 400.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Buford Moyers  
 Mailing Address 1008 Little League Road  
 City Princeton State LA Zip Code 71067-8393  
 Date of Receipt 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai02622  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Country Kitchen Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **675.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 881 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Mueller

Mailing Address 1 US Bank Plz

City State Zip Code  
Saint Louis MO 63101-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02623

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Mueller

Mailing Address 1 US Bank Plz

City State Zip Code  
Saint Louis MO 63101-1612

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02624

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Mueller

Mailing Address 432 Ridgewood Avenue

City State Zip Code  
Glen Ellyn IL 60137-4918

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02625

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 882 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth J. Muellner

Mailing Address 3558 N. Rutherford Avenue

City State Zip Code  
Chicago IL 60634-3710

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation  
Law Enforcement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02626

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Germano Mularoni

Mailing Address 32540 Schoolcraft Road  
Suite 1

City State Zip Code  
Livonia MI 48150-4305

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02627

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donald J. Muller

Mailing Address 204 Rochester Road

City State Zip Code  
Mobile AL 36608-2219

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai02628

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 883 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Delno V. Mullins

Mailing Address 13223 Palmers Creek Terrace

City State Zip Code  
Bradenton FL 34202-5006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02629

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Judy Mullins

Mailing Address 340 Hidden Creek Circle

City State Zip Code  
Spartanburg SC 29306-6672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02630

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gerald A. Mulrooney

Mailing Address 629 South Ridge Road

City State Zip Code  
Cedar City UT 84720-2900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02631

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

950.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 884 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |                                       |  |
|---|---|-----------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jorge Munilla        |                             | Date of Receipt                       |  |
|   | Mailing Address 7231 Sunset Drive                                   |                             | M M / D D / Y Y Y Y<br>03 / 03 / 2009 |  |
|   | City  | State                       | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02632 |
|   | Miami   | FL                          | 33143-4248                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 250.00                                |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |                                       |  |
|   |   | 250.00                      |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Harvey E. Munsch     |                          | Date of Receipt                       |  |
|   | Mailing Address 1215 Rita Circle                                    |                          | M M / D D / Y Y Y Y<br>03 / 09 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02633 |
|   | San Angelo  | TX                       | 76905-4201                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 100.00                                |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 250.00                   |                                       |  |

|   |   |                          |                                       |  |
|---|---|--------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jay H. Murdock       |                          | Date of Receipt                       |  |
|   | Mailing Address 755 Castle Boulevard                                |                          | M M / D D / Y Y Y Y<br>03 / 27 / 2009 |  |
|   | City  | State                    | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02634 |
|   | Akron   | OH                       | 44313-5709                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 100.00                                |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired    |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |                                       |  |
|   |   | 400.00                   |                                       |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 885 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Roy Murdock

Mailing Address P.O. Box 21107

City State Zip Code  
Spattle WA 98111-3107

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02635

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan H. Murphree

Mailing Address 105 Forest Terrace

City State Zip Code  
Troy AL 36081-1621

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02636

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward Murphy

Mailing Address 18 Meritoria Drive

City State Zip Code  
East Williston NY 11596-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02637

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 886 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Dr. James P. Murphy

Mailing Address 2970 Broxton Lane

City State Zip Code  
York PA 17402-3823

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Yorktowne Business Institute President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02638

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul T. Murphy

Mailing Address 20748 6th Ave West

City State Zip Code  
Summerland Key FL 33042-4010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health Management Associates Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai02639

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Geneva J. Murray

Mailing Address 3518 29th Avenue

City State Zip Code  
Temple Hills MD 20748-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02640

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 887 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George E. Murray

Mailing Address 2621 Spalding Drive

City State Zip Code  
Las Vegas NV 89134-7551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02641

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James C. Murray, II

Mailing Address 700 E. Main Street  
Suite E.

City State Zip Code  
Saint Charles IL 60174-2200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02642

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sharon Muzik

Mailing Address 791 Wittelsbach Drive  
Apt B.

City State Zip Code  
Dayton OH 45429-6256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Booz-Allen Hamilton, Inc. Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02643

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 888 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Beatrice Myers         | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 8919 Park Road<br>Apartment 7014                       | <b>Transaction ID:</b> 2009M04L11ai02644            |
|   | City State Zip Code<br>Charlotte NC 28210-7629                         | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Homemaker Homemaker                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bradley W. Myers        | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|   | Mailing Address 1220 Boland Place                                      | <b>Transaction ID:</b> 2009M04L11ai02645            |
|   | City State Zip Code<br>Richmond Heights MO 63117-1458                  | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation Requested<br>Requested                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles J. Myers        | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 1612 Tiffany Drive                                     | <b>Transaction ID:</b> 2009M04L11ai02646            |
|   | City State Zip Code<br>Pittsburgh PA 15241-3269                        | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation Retired<br>Retired                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>230.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>650.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 889 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James Myers

Mailing Address 136 Whitetail Drive

City Harrison City State PA Zip Code 15636-1430

FEC ID number of contributing federal political committee. **C**

Name of Employer Newton Consulting, L.L.C. Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai02647  
Amount of Each Receipt this Period: 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. James Myers

Mailing Address 136 Whitetail Drive

City Harrison City State PA Zip Code 15636-1430

FEC ID number of contributing federal political committee. **C**

Name of Employer Newton Consulting, L.L.C. Occupation Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02648  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Myers

Mailing Address Pob 852, 46320 Ten Mile Rd

City Novi State MI Zip Code 48376-0852

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02649  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 890 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William P. Naff  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 1831 Rendy Road   | <b>Transaction ID:</b> 2009M04L11ai02650            |
|           | City State Zip Code<br>New Smyrna FL 32168-5428   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>350.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. David Nagel  | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | Mailing Address 6229 Nagel Road<br>P.O. Box 340   | <b>Transaction ID:</b> 2009M04L11ai02651            |
|           | City State Zip Code<br>Preston MD 21655-0340  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>401.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Eleanor & E.J. Nagele   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 1652 Lightwood Road   | <b>Transaction ID:</b> 2009M04L11ai02652            |
|           | City State Zip Code<br>Hartwell GA 30643-4016   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>450.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 891 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kevin M. Nagle

Mailing Address 960 Villa Del Sol

City State Zip Code  
**El Dorado Hills CA 95762-3568**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Envision Insurance Company President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt **03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02653**

Amount of Each Receipt this Period **3000.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Derek Naiser

Mailing Address 104 Summer Glen

City State Zip Code  
**Boerne TX 78006-6090**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **205.00**

Date of Receipt **03 / 23 / 2009**

**Transaction ID: 2009M04L11ai02654**

Amount of Each Receipt this Period **205.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nagy N. Najjar

Mailing Address 2120 Lundy Lake Drive

City State Zip Code  
**Escondido CA 92029-5439**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **03 / 11 / 2009**

**Transaction ID: 2009M04L11ai02655**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3705.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 892 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nagy N. Najjar

Mailing Address 2120 Lundy Lake Drive

City Escondido State CA Zip Code 92029-5439

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02656

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jim & Leane Nakis

Mailing Address 16218 Gamay Drive

City Plainfield State IL Zip Code 60586-5969

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Chiropractor / Small Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02657

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Nalbone, Jr.

Mailing Address 136 Lakeview Avenue

City Fredonia State NY Zip Code 14063-1973

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02658

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 975.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 893 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Allan Nappen

Mailing Address 143 Bayhill Drive

City State Zip Code  
Blue Bell PA 19422-3264

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Nappen & Associates Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02659

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Naomi M. Nash

Mailing Address 4731 Ridgeview Court

City State Zip Code  
Wisconsin WI 54494-6778

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02660

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Salah Nasser

Mailing Address 40 Brookside Drive

City State Zip Code  
Athens PA 18810-8900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Guthrie Clinic Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02661

Amount of Each Receipt this Period  
135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

485.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 894 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Andrzej M. Natkaniec

Mailing Address 6067 60Th Avenue

City State Zip Code  
Maspeth NY 11378-3458

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02662

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Huel S. Neal

Mailing Address 5794 Potato Farm Road

City State Zip Code  
Crossville TN 38571-0777

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai02663

Amount of Each Receipt this Period  
105.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City State Zip Code  
Roundup MT 59072-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 890.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02664

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

455.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 895 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City Roundup State MT Zip Code 59072-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai02665  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City Roundup State MT Zip Code 59072-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai02666  
 Amount of Each Receipt this Period: 75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City Roundup State MT Zip Code 59072-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai02667  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 275.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 896 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lester Neal

Mailing Address 305 2Nd Street W.

City Roundup State MT Zip Code 59072-2705

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 890.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02668  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William W. Neal, III

Mailing Address 5106 Oxford Crescent Court

City Charlotte State NC Zip Code 28226-3321

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02669  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George M. Neall, II

Mailing Address 5452 Tates Bank Road

City Cambridge State MD Zip Code 21613-3421

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02670  
Amount of Each Receipt this Period 1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 897 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Ms. Joan Kelly Nebel

Mailing Address 660 Lambert Avenue

City State Zip Code  
Flagler Beach FL 32136-3213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02671

Amount of Each Receipt this Period  
200.00

B.

Full Name (Last, First, Middle Initial)  
Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City State Zip Code  
Cincinnati OH 45242-6407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02672

Amount of Each Receipt this Period  
50.00

C.

Full Name (Last, First, Middle Initial)  
Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City State Zip Code  
Cincinnati OH 45242-6407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02673

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 898 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. William C. Needham

Mailing Address 9953 Knollbrook Terrace

City State Zip Code  
 Cincinnati OH 45242-6407

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
 03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02674

Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
 Ms. Alice T. Neel

Mailing Address 4106 Tarlac Drive

City State Zip Code  
 San Antonio TX 78239-3072

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt MM / DD / YYYY  
 03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02675

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Mallappa Neelappa

Mailing Address 2275 S. Elks Lane

City State Zip Code  
 Yuma AZ 85364-6104

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
 03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02676

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 899 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Bill V. Neff  | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 350 University Boulevard   | <b>Transaction ID:</b> 2009M04L11ai02677            |
|           | City State Zip Code<br>Harrisonburg VA 22801-3755  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>COMMERCIAL REAL ESTATE DE-VEL. Owner<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Carl Anthony Neff  | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|           | Mailing Address 8187 State Route 43   | <b>Transaction ID:</b> 2009M04L11ai02678            |
|           | City State Zip Code<br>Streetsboro OH 44241-5864  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Occupation<br>Retired Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>255.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. George E. Neher  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 6507 Deerpath Court   | <b>Transaction ID:</b> 2009M04L11ai02679            |
|           | City State Zip Code<br>Lisle IL 60532-3309  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Occupation<br>Retired Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>400.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 900 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kelly Neil

Mailing Address 114 Inez Place

City State Zip Code  
Mill Valley CA 94941-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bai, Llc Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02680

Amount of Each Receipt this Period  
750.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kelly Neil

Mailing Address 114 Inez Place

City State Zip Code  
Mill Valley CA 94941-2411

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bai, Llc Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02681

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Charmean L. Neithart

Mailing Address 1450 Lomita Drive

City State Zip Code  
Pasadena CA 91106-4341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02682

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 901 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Charmean L. Neithart | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|   | Mailing Address 1450 Lomita Drive                                    | <b>Transaction ID:</b> 2009M04L11ai02683            |
|   | City State Zip Code<br>Pasadena CA 91106-4341                        | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C      |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Steven Neitz      | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|   | Mailing Address 15213 Bannon Hill Court                          | <b>Transaction ID:</b> 2009M04L11ai02684            |
|   | City State Zip Code<br>Chantilly VA 20151-1314                   | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee.<br>C  |   |
|   | Name of Employer Occupation<br>Zeta Associates Software Engineer |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                               |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Julieann Nelson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 4406 Lively Lane                                | <b>Transaction ID:</b> 2009M04L11ai02685            |
|   | City State Zip Code<br>Dallas TX 75220-2006                     | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee.<br>C |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                              |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 902 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Nelson

Mailing Address 219 Riverview Road

City Ottertail State MN Zip Code 56571-7018

FEC ID number of contributing federal political committee. **C**

Name of Employer K.L.N Enterprises Occupation President & Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02686

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Obert B. Nelson

Mailing Address 4406 Lively Ln.

City Dallas State TX Zip Code 75220-2006

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02687

Amount of Each Receipt this Period: 510.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Iris Nemhauser

Mailing Address 1412 9th Ave NE

City Rochester State MN Zip Code 55906-7006

FEC ID number of contributing federal political committee. **C**

Name of Employer Mayo Clinic Occupation Programmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02688

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1560.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 903 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Iris Nemhauser

Mailing Address 1412 9th Ave NE

City State Zip Code  
Rochester MN 55906-7006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mayo Clinic Programmer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02689

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Penny L Nemitz

Mailing Address P.O. Box 183

City State Zip Code  
Grafton OH 44044-0183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bowling Green Educator

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02690

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Betty Deloras Neuman

Mailing Address 1241 Central Avenue

City State Zip Code  
Mayo MD 21106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 0 9

Transaction ID: 2009M04L11ai02691

Amount of Each Receipt this Period  
210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

360.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 904 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gregory R. New

Mailing Address 2755 Ordway Street N.W.  
Apartment 405

City Washington State DC Zip Code 20008-5005

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai02692  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Newcomb

Mailing Address 15643 Compass Drive

City Northport State AL Zip Code 35475-3923

FEC ID number of contributing federal political committee. **C**

Name of Employer W. Alabama Family Physicians, P.C. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai02693  
Amount of Each Receipt this Period 1050.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bryan S. Newell

Mailing Address 35212 Clear Pond Rd.

City Shawnee State OK Zip Code 74801-2654

FEC ID number of contributing federal political committee. **C**

Name of Employer Ess, Newell Oil and Gas Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai02694  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 905 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Newfield

Mailing Address 3332 Venture Drive

City State Zip Code  
Huntington Beach CA 92649-2551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Intertrade Aviation Corporation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02695

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Scott Newhart

Mailing Address 7095 Bottle Bay Road

City State Zip Code  
Sagle ID 83860-9041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02696

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott Newhart

Mailing Address 7095 Bottle Bay Road

City State Zip Code  
Sagle ID 83860-9041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02697

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 906 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Harry Newman

Mailing Address 1226 Dosett Street

City State Zip Code  
Athens TN 37303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02698

Amount of Each Receipt this Period  
210.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Ned Newman

Mailing Address P.O. Box 778407

City State Zip Code  
Henderson NV 89077-1250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired - Boeing Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02699

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Ned Newman

Mailing Address P.O. Box 778407

City State Zip Code  
Henderson NV 89077-1250

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired - Boeing Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02700

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 907 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Carroll F. Newsom

Mailing Address P.O. Box 50665

City Amarillo State TX Zip Code 79159-0665

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt MM / DD / YYYY 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02701

Amount of Each Receipt this Period 115.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Monte L. Newsom

Mailing Address 2817 Chama Street N. E.

City Albuquerque State NM Zip Code 87110-3554

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02702

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wilbert F. Newton

Mailing Address 23812 Salvador Bay

City Dana Point State CA Zip Code 92629-4207

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02703

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **465.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 908 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Thanhlong T. Nguyen

Mailing Address 8292 Westminster Blvd.

City State Zip Code  
Westminster CA 92683-3347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Civic Dental Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02704

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce S. Nicholas

Mailing Address 40 Howard Road

City State Zip Code  
Greenwich CT 06831-3104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
800.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02705

Amount of Each Receipt this Period  
800.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Don E. Nicholas

Mailing Address P.O. Box 4586

City State Zip Code  
Jackson MS 39296-4586

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
220.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai02706

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1160.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 909 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Frank Nichols, Jr.

Mailing Address 534 Oak Harbour Drive

City State Zip Code  
Juno Beach FL 33408-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02707

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Iliana Niciu

Mailing Address P.O. Box 92

City State Zip Code  
Camden NY 13316-0092

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02708

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Rachel K. Nicklaus

Mailing Address P.O. Box 393

City State Zip Code  
Hammondsport NY 14840-0393

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02709

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

460.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 910 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Rachel K. Nicklaus

Mailing Address P.O. Box 393

City State Zip Code  
Hammondsport NY 14840-0393

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02710

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Marilyn D. Nielson

Mailing Address 7 Silverleaf Drive

City State Zip Code  
Rolling Hills Esta CA 90274-2510

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02711

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jack K. Nisselius

Mailing Address P.O. Box 3006

City State Zip Code  
Gillette WY 82717-3006

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02712

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 911 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Harvey Nix

Mailing Address P.O. Box 74

City

Bat Cave

State

NC

Zip Code

28710-0074

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02713

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jon Nix

Mailing Address 3127 Keller Bend Road

City

Knoxville

State

TN

Zip Code

37922-6524

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Requested

Occupation  
Requested

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02714

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Camille Nixon

Mailing Address 2126 Edenton Road

City

Charlotte

State

NC

Zip Code

28211-3852

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Homemaker

Occupation  
Homemaker

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai02715

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

5600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 912 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Russ P. Nockels

Mailing Address 1147 Ashland Ave.

City State Zip Code  
River Forest IL 60305-1437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Loyola University Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02716

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Felix Nodar

Mailing Address 326-328 Front Street

City State Zip Code  
Staten Island NY 10304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02717

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Felix Nodar

Mailing Address 326-328 Front Street

City State Zip Code  
Staten Island NY 10304

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02718

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 913 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Xavier Noel   | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
|           | Mailing Address 396 Lydecker Street  | <b>Transaction ID:</b> 2009M04L11ai02719            |
|           | City State Zip Code<br>Englewood NJ 07631-1914   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Paris Gourmet Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>300.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Frank T. Nolden   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 303 Chimney Rock Street  | <b>Transaction ID:</b> 2009M04L11ai02720            |
|           | City State Zip Code<br>Lufkin TX 75904-7580  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Donna M. Noll   | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 1905 Corta Bella Drive  | <b>Transaction ID:</b> 2009M04L11ai02721            |
|           | City State Zip Code<br>Las Vegas NV 89134-6145  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Realty One Group Occupation Sales<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)<br>Aggregate Year-to-Date<br>225.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>425.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 914 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Claire S. Nordeck

Mailing Address 201 Saint Mark Way  
Apartment 404

City State Zip Code  
Westminister MD 21158-4195

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai02722

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Claire S. Nordeck

Mailing Address 201 Saint Mark Way  
Apartment 404

City State Zip Code  
Westminister MD 21158-4195

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02723

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jatana H Norris

Mailing Address P.O. Box 930

City State Zip Code  
North SC 29112-0930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai02724

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 915 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jatana H Norris

Mailing Address P.O. Box 930

City North State SC Zip Code 29112-0930

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt: 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai02725  
Amount of Each Receipt this Period: 295.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert E. Northrip

Mailing Address 6439 Wenonga Road

City Mission Hills State KS Zip Code 66208-1723

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai02726  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas & Margot R. Norton

Mailing Address 7158 Cavalry Drive

City Warrenton State VA Zip Code 20187-9187

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai02727  
Amount of Each Receipt this Period: 225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1020.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 916 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. & Mrs. Steve & Pat Notestine

Mailing Address 1825 South Mason

City State Zip Code  
 St Louis MO 63131-1520

FEC ID number of contributing federal political committee. **C**

Name of Employer: Quadrant Properties Occupation: Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
 03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02728

Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
 Ms. Dorothea M. Notter

Mailing Address 3386 W. Fairway Dr.

City State Zip Code  
 Coeur D. Alene ID 83815-8071

FEC ID number of contributing federal political committee. **C**

Name of Employer: Homemaker Occupation: Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY  
 03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02729

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
 Ms. Dorothea M. Notter

Mailing Address 3386 W. Fairway Dr.

City State Zip Code  
 Coeur D. Alene ID 83815-8071

FEC ID number of contributing federal political committee. **C**

Name of Employer: Homemaker Occupation: Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: MM / DD / YYYY  
 03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02730

Amount of Each Receipt this Period: 80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1180.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 917 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Thomas E. Nowakowski, Sr.   | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 7 Chestnut Lane  | <b>Transaction ID:</b> 2009M04L11ai02731            |
|           | City State Zip Code<br>New Hope PA 18938-9206  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Occupation<br>United Marketing Services Sales Management<br>Inc.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Thurlow R. Null  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 13381 Longview Avenue   | <b>Transaction ID:</b> 2009M04L11ai02732            |
|           | City State Zip Code<br>Waynesboro PA 17268-9403   | Amount of Each Receipt this Period<br>210.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Occupation<br>Retired Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>210.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. McKee Nunnally, Jr.  | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 3180 Arden Road N.W.  | <b>Transaction ID:</b> 2009M04L11ai02733            |
|           | City State Zip Code<br>Atlanta GA 30305-1917  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Occupation<br>Retired Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1410.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 918 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Anthony P. Nuzzi |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 56 Maryland Avenue                              |                                    | <b>Transaction ID:</b> 2009M04L11ai02734            |  |  |
|   | City<br>Pennsville  | State<br>NJ                        | Zip Code<br>08070-1528                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>205.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Paul A. Nuzzi, Jr. |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |  |  |
|   | Mailing Address 2158 Saint Clair Court                            |                                    | <b>Transaction ID:</b> 2009M04L11ai02735            |  |  |
|   | City<br>Girard  | State<br>OH                        | Zip Code<br>44420-1163                              | Amount of Each Receipt this Period<br>150.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                                 | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Derek O' Brien   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |  |  |
|   | Mailing Address 12759 Biggin Church Rd. S.                      |                                    | <b>Transaction ID:</b> 2009M04L11ai02736            |  |  |
|   | City<br>Jacksonville  | State<br>FL                        | Zip Code<br>32224-7934                              | Amount of Each Receipt this Period<br>160.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                               | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>420.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 410.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 919 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Derek O' Brien  
 Mailing Address 12759 Biggin Church Rd. S.  
 City State Zip Code  
**Jacksonville FL 32224-7934**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**  
 Date of Receipt **03 / 24 / 2009**  
**Transaction ID: 2009M04L11ai02737**  
 Amount of Each Receipt this Period **160.00**

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Derek O' Brien  
 Mailing Address 12759 Biggin Church Rd. S.  
 City State Zip Code  
**Jacksonville FL 32224-7934**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**  
 Date of Receipt **03 / 26 / 2009**  
**Transaction ID: 2009M04L11ai02738**  
 Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Robert J. O' Brien  
 Mailing Address 2381 Indigo Lane  
 City State Zip Code  
**Glenview IL 60026-7773**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**  
 Date of Receipt **03 / 19 / 2009**  
**Transaction ID: 2009M04L11ai02739**  
 Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **760.00**  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 920 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms Dawn O' Connor

Mailing Address 440 Spring Forest Drive

City State Zip Code  
New Smyrna Beach FL 32168-8704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Daytona Elevator Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02740

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas H. O' Connor

Mailing Address 55 Pleasant Street

City State Zip Code  
Canton MA 02021-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O' Connor Contractos Construction Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02741

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. O' Connor

Mailing Address P.O. Box 1878

City State Zip Code  
Victoria TX 77902-1878

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02742

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 921 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. John M. O' Day

Mailing Address 41 River Road

City Rollinsford State NH Zip Code 03869-5804

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai02743  
 Amount of Each Receipt this Period: 240.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John P. O' Hara, Sr.

Mailing Address 319 Reade Dr.

City Roxboro State NC Zip Code 27573-5138

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai02744  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward J. O' Hare

Mailing Address 22500 Orchard Lake Road Suite 113

City Farmington State MI Zip Code 48336-3242

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai02745  
 Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **840.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 922 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward J. O' Hare

Mailing Address 22500 Orchard Lake Road  
Suite 113

City Farmington State MI Zip Code 48336-3242

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai02746

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael P. O' Mara

Mailing Address 4928 South Ellis Avenue

City Chicago State IL Zip Code 60615-2708

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02747

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew P. O' Meara, Jr.

Mailing Address 259 Fairway Lane

City Pawleys Island State SC Zip Code 29585-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai02748

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 923 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew P. O' Meara, Jr.

Mailing Address 259 Fairway Lane

City Pawleys Island State SC Zip Code 29585-5611

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02749

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Patrick O' Reilly

Mailing Address 55 Street Of Dreams

City Village Of Loch LI State MO Zip Code 64012-4178

FEC ID number of contributing federal political committee. **C**

Name of Employer Four Leaf Properties, Llc Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02750

Amount of Each Receipt this Period 205.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Patrick O' Reilly

Mailing Address 55 Street Of Dreams

City Village Of Loch LI State MO Zip Code 64012-4178

FEC ID number of contributing federal political committee. **C**

Name of Employer Four Leaf Properties, Llc Occupation Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt 03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02751

Amount of Each Receipt this Period 205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 460.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 924 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edward O'Connor

Mailing Address 4344 Helene Dr.

City Charleston State SC Zip Code 29418-5723

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai02752  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald P. O'Driscoll, Jr.

Mailing Address 10280 Copper Cloud Drive

City Reno State NV Zip Code 89511-5349

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai02753  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J O'Flaherty

Mailing Address 742 South 7th St

City Upper Sandusky State OH Zip Code 43351-1604

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
O'Flaherty Construction Co Llc Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai02754  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 375.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 925 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Robert O'Shaughnessy

Mailing Address 6N751 Foxborough Rd

City State Zip Code  
St. Charles IL 60175-6325

FEC ID number of contributing federal political committee. **C**

Name of Employer Eds Occupation Business Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02755

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jim Oden

Mailing Address 17017 E. 48Th Street

City State Zip Code  
Tulsa OK 74134-7242

FEC ID number of contributing federal political committee. **C**

Name of Employer Staff Metric, Inc. Occupation Sales/Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02756

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ray P. Oden, Jr.

Mailing Address 702 Thora Blvd.

City State Zip Code  
Shreveport LA 71106-1824

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai02757

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 926 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Freida L. Odum  
Mailing Address 1 Myrtlewood Drive  
City Savannah State GA Zip Code 31405-1084  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02758  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Odessa L. Ofstad  
Mailing Address 872 College Park Place  
City Kirksville State MO Zip Code 63501-1869  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02759  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger W. Ogden  
Mailing Address 8532 Shingle Oaks Drive  
City Cordova State TN Zip Code 38018-6486  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southern Systems, Inc. Occupation Field Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai02760  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 927 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Victor Ohman

Mailing Address P.O. Box 897

City State Zip Code  
Glenrock WY 82637-0897

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02761

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Julia Olah

Mailing Address 110 44Th Street

City State Zip Code  
Sandusky OH 44870-4856

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02762

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer R. Olbum

Mailing Address 1211 Squirrel Hill Avenue

City State Zip Code  
Pittsburgh PA 15217-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Daniel Nadler Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02763

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 928 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard C. Oldack    |                             | Date of Receipt   |
|   | Mailing Address 37 Windsor Drive                                    |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Bridgeport  | WV                          | 26330-2807  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02764  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 25.00  |
|   |   | <input type="text"/> 225.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Martha C. Oliphant   |                             | Date of Receipt   |
|   | Mailing Address 4977 Glenbrook Road N.W.                            |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Washington  | DC                          | 20016-3222  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02765  |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 105.00   |
|   |   | <input type="text"/> 270.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles P. Oliver    |                             | Date of Receipt   |
|   | Mailing Address 11648 Edinburgh Way                                 |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 09 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Jacksonville  | FL                          | 32223-1310  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02766  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/> 100.00   |
|   |   | <input type="text"/> 500.00 |   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 230.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 929 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles P. Oliver

Mailing Address 11648 Edinburgh Way

City State Zip Code  
Jacksonville FL 32223-1310

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02767

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kjell L. Oliversen

Mailing Address 29709 Cojak Circle

City State Zip Code  
Boerne TX 78015-4521

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02768

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley J. Olon

Mailing Address 132 Westover Dr.

City State Zip Code  
Bristol TN 37620-2948

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai02769

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 930 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley J. Olson

Mailing Address 132 Westover Dr.

City Bristol State TN Zip Code 37620-2948

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai02770

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeanne M. Olsen

Mailing Address 1115 Marshall Avenue

City Richland State WA Zip Code 99354-3352

FEC ID number of contributing federal political committee. **C**

Name of Employer Fluor Hanford Occupation Stationary Operating Eng.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai02771

Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kelly Olsen

Mailing Address 313 Stone Gate Ln.

City Provo State UT Zip Code 84604-6223

FEC ID number of contributing federal political committee. **C**

Name of Employer Morinda Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai02772

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 475.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 931 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard Olsen

Mailing Address 36W720 Wild Rose Rd

City State Zip Code  
St Charles IL 60174-1140

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02773

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George W. Olson

Mailing Address 5206 W. 80th Terrace

City State Zip Code  
Prairie Village KS 66208-4913

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02774

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andrew Orlando

Mailing Address 6601 Dearborn Drive

City State Zip Code  
Falls Church VA 22044-1122

FEC ID number of contributing federal political committee. **C**

Name of Employer Visa U.S.A., Inc. Occupation Financial Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02775

Amount of Each Receipt this Period  
115.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **515.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 932 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andrew Orlando

Mailing Address 6601 Dearborn Drive

City Falls Church State VA Zip Code 22044-1122

FEC ID number of contributing federal political committee. **C**

Name of Employer Visa U.S.A., Inc. Occupation Financial Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai02776

Amount of Each Receipt this Period 115.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Dale L. Orlowski

Mailing Address 5913 Skinner Point Blvd. S.

City Gulfport State FL Zip Code 33707-3937

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai02777

Amount of Each Receipt this Period 750.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue Suite 102

City Brooklyn State NY Zip Code 11230-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02778

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 965.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 933 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue  
Suite 102

City State Zip Code  
Brooklyn NY 11230-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02779

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Yefim Ornstein

Mailing Address 2072 Ocean Avenue  
Suite 102

City State Zip Code  
Brooklyn NY 11230-7380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02780

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Zandra J. Orr

Mailing Address 6 Red Sky Ln.

City State Zip Code  
Roswell NM 88201-8315

FEC ID number of contributing federal political committee. **C**

Name of Employer N.M. Subway, Inc. Occupation Restaurant Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02781

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 934 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Beth Orscheln

Mailing Address 4016 Glen Eagle Drive

City Columbia State MO Zip Code 65203-4801

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai02782  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Osgood

Mailing Address 965 Sheldon Avenue

City Staten Island State NY Zip Code 10309-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Police Department Occupation Police Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai02783  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Osgood

Mailing Address 965 Sheldon Avenue

City Staten Island State NY Zip Code 10309-2229

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Police Department Occupation Police Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai02784  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 935 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judith Otten

Mailing Address 122 El Camino

City Norfolk State NE Zip Code 68701-6704

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai02785

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack Oujo

Mailing Address 1540 Highway 138 Suite 106

City Wall State NJ Zip Code 07719-3766

FEC ID number of contributing federal political committee. **C**

Name of Employer Jack Oujo Cpa, Inc Occupation Financial Planner/Cpa

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai02786

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Virginia Overcash

Mailing Address 2628 Freedom Heights

City Colorado Springs State CO Zip Code 80904-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02787

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 936 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Virginia Overcash

Mailing Address 2628 Freedom Heights

City State Zip Code  
Colorado Springs CO 80904-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai02788

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Russell Marvin Owens

Mailing Address 609 S. Greenwood Avenue

City State Zip Code  
Columbia MO 65203-2768

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai02789

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Malcolm W. Owings

Mailing Address 107 Caritas Court

City State Zip Code  
Southern Pines NC 28387-2242

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Precinct Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02790

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 937 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jeanne H. Ozment

Mailing Address 9142 Willow Walk

City State Zip Code  
Bonita Springs FL 34135-8140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 201.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02791

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Tony Pack

Mailing Address 6618 N.E. Loop 820

City State Zip Code  
Richland Hills TX 76180-7844

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Five Star Ford Dealer/Principal

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02792

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Betty A. Pacocha

Mailing Address P.O. Box 596

City State Zip Code  
Kent CT 06757-0596

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai02793

Amount of Each Receipt this Period

130.00

**SUBTOTAL** of Receipts This Page (optional) .....

730.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 938 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Valerie N. Page

Mailing Address 403 W. Masonic View Avenue

City State Zip Code  
**Alexandria VA 22301-2420**

FEC ID number of contributing federal political committee. **C**

Name of Employer Page Kids Occupation Mom

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 05 / 2009**

**Transaction ID: 2009M04L11ai02794**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Paget

Mailing Address 3801 Faircircle

City State Zip Code  
**Midland TX 79707-4311**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 11 / 2009**

**Transaction ID: 2009M04L11ai02795**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Dr. Donna Palacios

Mailing Address 1623 Garland Drive

City State Zip Code  
**Goshen IN 46526-5604**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 09 / 2009**

**Transaction ID: 2009M04L11ai02796**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 939 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth Palestrant

Mailing Address 804 S.E. Portage Avenue

City State Zip Code  
Port Saint Lucie FL 34984-5246

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai02797

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Palm

Mailing Address P.O. Box 60

City State Zip Code  
Elk Mountain WY 82324-0060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02798

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Caroline Ann Palmer

Mailing Address 3542 Northpointe Drive

City State Zip Code  
Las Cruces NM 88012-8515

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02799

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 940 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Morton Palmer

Mailing Address 1401 North Street

City State Zip Code  
Beaufort SC 29902-4909

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation N/A

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02800

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr Walt Palmieri

Mailing Address 6764 Schuyler Rd

City State Zip Code  
E Syracuse NY 13057

FEC ID number of contributing federal political committee. **C**

Name of Employer First Tennessee Ftn Financial Occupation Fixed Income Sales

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03947

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Erving Henry Pangborn

Mailing Address 2018 Herbert Lane

City State Zip Code  
Augusta GA 30906-3656

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02801

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 941 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gene Pantuso

Mailing Address 45605 Citrus Avenue

City State Zip Code  
Indio CA 92201-3451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai02802

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert H. Paolucci

Mailing Address 38 Tower Place

City State Zip Code  
Fort Thomas KY 41075-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ebcx Inc. Real Estate Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02803

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Lois Pardee

Mailing Address 1139 E. Carleton Avenue

City State Zip Code  
Orange CA 92867-3867

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Of California City Of Orange Court Reporter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02804

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1775.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 942 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jacques Pare

Mailing Address 10150 Greensward Link

City State Zip Code  
ljamsville MD 21754-9636

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rental Investments Proper- Property Management  
ties

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02805

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Raquel C. Paredes

Mailing Address P.O. Box 428

City State Zip Code  
Poughquag NY 12570-0428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 220.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02806

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce & Clare Parker

Mailing Address 20008 Hunt Pass Court

City State Zip Code  
Parkton MD 21120-9094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Venable, L.L.P. Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02807

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1020.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 943 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Irene M. Parker

Mailing Address 209 E. 25Th Street

City State Zip Code  
Marysville CA 95901-3253

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02808

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joe J. Parker

Mailing Address 78 Wall Street

City State Zip Code  
Pisgah Forest NC 28768-8915

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02809

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bill Parks

Mailing Address 51 Olmstead Road

City State Zip Code  
Weston WY 82731-8820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02810

Amount of Each Receipt this Period  
305.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **905.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 944 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. James L. Parks

Mailing Address 646 E. Oak Place

City Edmond State OK Zip Code 73025-2712

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai02811  
Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Larry Parks

Mailing Address P.O. Box 483

City Buna State TX Zip Code 77612-0483

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai02812  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Tito L. Parola

Mailing Address 806 N. Batavia St.

City Orange State CA Zip Code 92868-1242

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Laboratories Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai02813  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 945 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William Parrish

Mailing Address P.O. Box 1128  
1401 N. Arendell Avenue

City Zebulon State NC Zip Code 27597-1128

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai02814

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joe Parsley

Mailing Address 10 Waterford Oaks Ln.

City Kemah State TX Zip Code 77565-2922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02815

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Rosanne Paschal

Mailing Address 957 Eddystone Circle

City Naperville State IL Zip Code 60565-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer College Of Dupage Occupation Professor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02816

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 946 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Betty Rae Pastoor

Mailing Address 3062 E. 3200 N.

City State Zip Code  
Twin Falls ID 83301-0518

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02817

Amount of Each Receipt this Period  
210.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James R. Paterson

Mailing Address 2415 Keyberry Lane

City State Zip Code  
Bowie MD 20715-2849

FEC ID number of contributing federal political committee. **C**

Name of Employer Ngia Occupation Nautical Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02818

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Patrick

Mailing Address 90 Navarre

City State Zip Code  
Irvine CA 92612-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer Fluor Corporation Occupation Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 303.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02819

Amount of Each Receipt this Period  
115.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 947 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Steward Patrick  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 1315 Hagys Ford Road  | <b>Transaction ID:</b> 2009M04L11ai02820            |
|           | City State Zip Code<br>Penn Valley PA 19072-1104  | Amount of Each Receipt this Period<br>330.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>330.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. David Patten   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 315 Lansdowne Rd.   | <b>Transaction ID:</b> 2009M04L11ai02821            |
|           | City State Zip Code<br>Havertown PA 19083-5305  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Kathleen Patterson   | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|           | Mailing Address 1450 Sylvaner Avenue  | <b>Transaction ID:</b> 2009M04L11ai02822            |
|           | City State Zip Code<br>Saint Helena CA 94574-2338   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Requested<br>Occupation Requested<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1080.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 948 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth Paul

Mailing Address 6417 S.E. Congressional Lane

City State Zip Code  
Stuart FL 34997-8609

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02823

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Gary L. Paulson

Mailing Address 13519 Cahill Lane

City State Zip Code  
Cypress TX 77429-5149

FEC ID number of contributing federal political committee. **C**

Name of Employer B.P. America Inc.      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02824

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Vernon O. Paulson

Mailing Address 51 Ivy Hill Road

City State Zip Code  
Red Bank NJ 07701-5121

FEC ID number of contributing federal political committee. **C**

Name of Employer A.X.A./Equitable      Occupation Financial Sales

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      220.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02825

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 949 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City Steubenville State OH Zip Code 43953-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai02826

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City Steubenville State OH Zip Code 43953-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02827

Amount of Each Receipt this Period  
30.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mildred Pavlic

Mailing Address 606 Troy Drive

City Steubenville State OH Zip Code 43953-3332

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02828

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 950 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Don S. Payne, USA (Ret)

Mailing Address 12525 N. Pennsylvania Avenue  
Apartment 119

City Oklahoma City State OK Zip Code 73120-9449

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai02829  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Don S. Payne, USA (Ret)

Mailing Address 12525 N. Pennsylvania Avenue  
Apartment 119

City Oklahoma City State OK Zip Code 73120-9449

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai02830  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Nyla R. Payne

Mailing Address 7250 Poplar Street  
Apartment 124

City Boise State ID Zip Code 83704-7366

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai02831  
Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 951 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Will Peacock

Mailing Address 2727 Paces Ferry Rd  
Suite 2-450

City Atlanta State GA Zip Code 30339-4007

FEC ID number of contributing federal political committee. **C**

Name of Employer ic,llc Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009

Transaction ID: 2009M04L11ai02832

Amount of Each Receipt this Period: 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Preston A. Peak

Mailing Address 3500 Princeton Avenue

City Dallas State TX Zip Code 75205-3247

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 03 / 2009

Transaction ID: 2009M04L11ai02833

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. F. G. Pearce

Mailing Address 44732 Garden Court

City Davis State CA Zip Code 95618-1002

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 11 / 2009

Transaction ID: 2009M04L11ai02834

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |                              |                             |
|---|---|------------------------------|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:                        |                              | PAGE 952 / 1940              |                             |
|   | (check only one)                        |                              |                              |                             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14             | <input type="checkbox"/> 15  | <input type="checkbox"/> 16  | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|--|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Mr. Richard J. Pearce |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 9870 Breezy Point Lane                           |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 3 |  | 2 | 0 | 0 | 9 |
|  | M  | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 0  | 3                                  |   | 2 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City State Zip Code<br>Hayes VA 23072-4019                       |                                    | <b>Transaction ID:</b> 2009M04L11ai02835  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer: Riverside Health System<br>Occupation: Health Care Administrator<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 500.00 |  | 500.00                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Ms. Rosemarie S. Pease |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 1482 Ridgewood Road                               |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 |
|  | M   | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 0   | 3                                  |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City State Zip Code<br>Pleasanton CA 94566-6056                   |                                    | <b>Transaction ID:</b> 2009M04L11ai02836  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer: Whmayeracctg<br>Occupation: Tax Accountant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 325.00 |   | 100.00                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|--|---|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Ms. Rosemarie S. Pease |                                    | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | Mailing Address 1482 Ridgewood Road                               |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 3 |  | 2 | 0 | 0 | 9 |
|  | M   | M                                  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | 0   | 3                                  |   | 2 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|  | City State Zip Code<br>Pleasanton CA 94566-6056                   |                                    | <b>Transaction ID:</b> 2009M04L11ai02837  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer: Whmayeracctg<br>Occupation: Tax Accountant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 325.00 |   | 50.00                              |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 953 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Ann Peck  
Mailing Address P.O. Box 78  
City State Zip Code  
Quartzsite AZ 85346-0078  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY 03 / 20 / 2009  
Transaction ID: 2009M04L11ai02838  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Russell Maurice Peck  
Mailing Address 5015 Westerdale Drive  
City State Zip Code  
Fulshear TX 77441-4216  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY 03 / 02 / 2009  
Transaction ID: 2009M04L11ai02839  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Mara Peck-Colin  
Mailing Address 20215 County Road 94A  
City State Zip Code  
Woodland CA 95695-9363  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02840  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 954 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|                             |  |                       |   |  |  |
|-----------------------------|--|-----------------------|---|--|--|
| <b>A.</b>                   | Full Name (Last, First, Middle Initial)<br>Mr. Alan G. Pedersen        |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009   |  |  |
|                             | Mailing Address P.O. Box 1853  |                       | <b>Transaction ID:</b> 2009M04L11ai02841  |  |  |
|                             | City<br>Los Altos  | State<br>CA           | Zip Code<br>94023-1853  | Amount of Each Receipt this Period<br>500.00 |  |
|                             | FEC ID number of contributing federal political committee.<br><b>C</b> |                       | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Name of Employer<br>Retired |  | Occupation<br>Retired |   | Aggregate Year-to-Date ▼<br>500.00           |  |

|  |  |                         |   |  |  |
|--|--|-------------------------|---|--|--|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Ms. Parrell Pedersen        |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009   |  |  |
|  | Mailing Address 409 Pine Street  |                         | <b>Transaction ID:</b> 2009M04L11ai02842  |  |  |
|  | City<br>Klamath Falls  | State<br>OR             | Zip Code<br>97601-6020  | Amount of Each Receipt this Period<br>300.00 |  |
|  | FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Name of Employer<br>Pedersen & Pedersen Architects |  | Occupation<br>Architect |   | Aggregate Year-to-Date ▼<br>300.00           |  |

|                                   |  |                             |   |  |  |
|-----------------------------------|--|-----------------------------|---|--|--|
| <b>C.</b>                         | Full Name (Last, First, Middle Initial)<br>Steven D. Pedro, M.D.       |                             | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009   |  |  |
|                                   | Mailing Address 7833 Oakmont Blvd.                                     |                             | <b>Transaction ID:</b> 2009M04L11ai02843  |  |  |
|                                   | City<br>Fort Worth   | State<br>TX                 | Zip Code<br>76132-4231  | Amount of Each Receipt this Period<br>300.00 |  |
|                                   | FEC ID number of contributing federal political committee.<br><b>C</b> |                             | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| Name of Employer<br>Self-Employed |  | Occupation<br>Self-Employed |   | Aggregate Year-to-Date ▼<br>300.00           |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 955 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stuart A. Peebles

Mailing Address P.O. Box 752

City State Zip Code  
Rome GA 30162-0752

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02844

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stuart A. Peebles

Mailing Address P.O. Box 752

City State Zip Code  
Rome GA 30162-0752

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02845

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John B. Pelligrino

Mailing Address 5437 Cherry Street Extension

City State Zip Code  
Erie PA 16509-3107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02846

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 956 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John B. Pelligrino

Mailing Address 5437 Cherry Street Extension

City Erie State PA Zip Code 16509-3107

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai02847

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. William Peluchowski

Mailing Address 1438 S. Prairie Avenue

City Chicago State IL Zip Code 60605-2884

FEC ID number of contributing federal political committee. **C**

Name of Employer Houlinan, Loker, Howard & Zulkun Occupation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai02848

Amount of Each Receipt this Period 220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David A. Pendery

Mailing Address 326 N. Grand Avenue

City Waxahachie State TX Zip Code 75165-2220

FEC ID number of contributing federal political committee. **C**

Name of Employer Magnablend, Inc. Occupation Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai02849

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 920.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 957 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Michel Pendill

Mailing Address 440 E. 57Th Street  
Apartment 8A

City State Zip Code  
New York NY 10022-3050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02850

Amount of Each Receipt this Period  
225.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Francis Noreen Pendley

Mailing Address 6000 San Jose Blvd.

City State Zip Code  
Jacksonville FL 32217-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02851

Amount of Each Receipt this Period  
450.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Francis Noreen Pendley

Mailing Address 6000 San Jose Blvd.

City State Zip Code  
Jacksonville FL 32217-2347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02852

Amount of Each Receipt this Period  
450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1125.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 958 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Glenn E. Penisten |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|   | Mailing Address 11651 Brooks Road                                |                                    | <b>Transaction ID:</b> 2009M04L11ai02853            |  |  |
|   | City<br>Windsor  | State<br>CA                        | Zip Code<br>95492-9433                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    |   |  |  |
|   | Name of Employer<br>Retired                                      | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>D. V. Penland        |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |  |  |
|   | Mailing Address 2722 Larsen Road                                |                                    | <b>Transaction ID:</b> 2009M04L11ai02854            |  |  |
|   | City<br>Jacksonville  | State<br>FL                        | Zip Code<br>32207-7220                              | Amount of Each Receipt this Period<br>500.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Self-Employed                               | Occupation<br>Self-Employed        |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Melanie A. Penna |  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|   | Mailing Address 560 Meadow Lark Lane                             |  | <b>Transaction ID:</b> 2009M04L11ai02855            |  |  |
|   | City<br>Hockessin  | State<br>DE                                  | Zip Code<br>19707-9640                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |  |   |  |  |
|   | Name of Employer<br>Comcast Cable Communicati-<br>ons            | Occupation<br>Vice President Human Resources |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>750.00           |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 959 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fernando J. Perez

Mailing Address 14 Hibernia Road

City Savannah State GA Zip Code 31411-1439

FEC ID number of contributing federal political committee. **C**

Name of Employer G.A. Energy Association Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 03 / 12 / 2009

Transaction ID: 2009M04L11ai02856

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Perkin

Mailing Address 160 Brookside Road

City Darien State CT Zip Code 06820-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: MM / DD / YYYY 03 / 10 / 2009

Transaction ID: 2009M04L11ai02857

Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Samuel Perkins

Mailing Address 2836 Chesapeake Street Nw

City Washington State DC Zip Code 20008-1044

FEC ID number of contributing federal political committee. **C**

Name of Employer Steptoe & Johnson LLP Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 03 / 10 / 2009

Transaction ID: 2009M04L11ai02858

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 525.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 960 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Marie Therese Pero

Mailing Address 3037 122Nd Place N.E.

|                         |                    |                               |
|-------------------------|--------------------|-------------------------------|
| City<br><b>Bellevue</b> | State<br><b>WA</b> | Zip Code<br><b>98005-1522</b> |
|-------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 02 / 2009        |

**Transaction ID:** 2009M04L11ai02859

Amount of Each Receipt this Period  
**125.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph A. Perricone

Mailing Address 18 Old Course Drive

|                              |                    |                               |
|------------------------------|--------------------|-------------------------------|
| City<br><b>Newport Beach</b> | State<br><b>CA</b> | Zip Code<br><b>92660-4276</b> |
|------------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|   |                      |
|---|----------------------|
| Name of Employer<br>Perricone Investments | Occupation<br>C.F.O. |
|---|----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1740.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 20 / 2009        |

**Transaction ID:** 2009M04L11ai02860

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry A. Perry

Mailing Address 210 Summit Avenue

|                          |                    |                               |
|--------------------------|--------------------|-------------------------------|
| City<br><b>Brookline</b> | State<br><b>MA</b> | Zip Code<br><b>02446-2357</b> |
|--------------------------|--------------------|-------------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 19 / 2009        |

**Transaction ID:** 2009M04L11ai02861

Amount of Each Receipt this Period  
**750.00**

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1375.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 961 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Paul K. Perry

Mailing Address 3401 N. Wilder Rd.

City State Zip Code  
Plant City FL 33565-2677

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tampabay Emergency Physicians Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02862

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City State Zip Code  
Miami FL 33145-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. None

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02863

Amount of Each Receipt this Period  
10.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City State Zip Code  
Miami FL 33145-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. None

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
845.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02864

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 962 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City Miami State FL Zip Code 33145-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai02865  
Amount of Each Receipt this Period: 10.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Nicholas Perusina

Mailing Address 1700 SW 14 Street

City Miami State FL Zip Code 33145-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai02866  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Roland O. Peteler

Mailing Address 1467 Grenoside Avenue

City Schenectady State NY Zip Code 12308-1503

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai02867  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 85.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 963 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Rodney C. Petersen

Mailing Address 1350 S. 1000 E.

City State Zip Code  
Mapleton UT 84664-5023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Utah Valley Radiology Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 930.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02868

Amount of Each Receipt this Period  
930.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. T. K. Petersen

Mailing Address 1050 Franklin Street

City State Zip Code  
Santa Monica CA 90403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02869

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. C. De Witt Peterson

Mailing Address 310 Pleasant Valley Avenue

City State Zip Code  
Moorestown NJ 08057-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Retired  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02870

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1430.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 964 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Dan Peterson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 40 Road 4C.P.                                       | <b>Transaction ID:</b> 2009M04L11ai02871            |
|   | City State Zip Code<br>Meeteetse WY 82433-0171                      | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Retired   | Occupation<br>Retired   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Daryl Peterson       | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 6115 W. Olmstead Road                               | <b>Transaction ID:</b> 2009M04L11ai02872            |
|   | City State Zip Code<br>Ludington MI 49431-9754                      | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Bushel Basket Orchards Inc.   | Occupation<br>Fruit Grower and Teacher                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Kevin Peterson       | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|   | Mailing Address 2810 Chariot Lane                                   | <b>Transaction ID:</b> 2009M04L11ai02873            |
|   | City State Zip Code<br>Garland TX 75044-5546                        | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Raytheon  | Occupation<br>Software Engineer                                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                                  |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1050.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 965 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Peterson

Mailing Address 560 Park Drive

City State Zip Code  
Shady Cove OR 97539-9751

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02874

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Valera L. Peterson

Mailing Address 3129 Lochridge Lane

City State Zip Code  
Springfield IL 62704

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02875

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Julie A. Petracca

Mailing Address 342 Orange Street  
Apartment 10

City State Zip Code  
Newark NJ 07103-2851

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02876

Amount of Each Receipt this Period  
65.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 966 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Francis Petro

Mailing Address P.O. Box 15549

City State Zip Code  
Syracuse NY 13215-0549

FEC ID number of contributing federal political committee. **C**

Name of Employer Haynes International, Inc. Occupation President / C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai02877

Amount of Each Receipt this Period: 330.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Petrou

Mailing Address 82 Marmion Way

City State Zip Code  
Rockport MA 01966-1926

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02878

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Steven Petrucelli

Mailing Address 167 Ridge Road

City State Zip Code  
Watchung NJ 07069-5428

FEC ID number of contributing federal political committee. **C**

Name of Employer Daiichi-Sankyo, Inc. Occupation Marketing Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai02879

Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1380.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 967 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Catherine M. Pettengill

Mailing Address 110 Eileen Drive

City State Zip Code  
Cedar Grove NJ 07009-1352

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai02880

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Todd C. Pettengill

Mailing Address 110 Eileen Drive

City State Zip Code  
Cedar Grove NJ 07009-1352

FEC ID number of contributing federal political committee. **C**

Name of Employer Citadel Broadcasting Occupation Radio Host

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02881

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David A. Pettit

Mailing Address 379 Fynn Valley Drive

City State Zip Code  
Las Vegas NV 89148-4454

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Surveillance Systems Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02882

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5610.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 968 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Scott Petty, Jr.  
Mailing Address 202 La Jara Blvd  
City San Antonio State TX Zip Code 78209-4444  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Homemaker Occupation Homemaker & Rancher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai02883  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Beverly Pevehouse  
Mailing Address 810 Canonero Street  
City Midland State TX Zip Code 79705-1802  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2250.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02884  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jeannie Pfister  
Mailing Address 3987 Southwoods Drive  
City Howell State MI Zip Code 48843-9406  
FEC ID number of contributing federal political committee. **C**  
Name of Employer B B & J Associates Occupation Manufacturer's Rep  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 27 / 2009  
Transaction ID: 2009M04L11ai02885  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 969 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Rudolf A. Pfeleger, Sr. |                                     | Date of Receipt   |
|   | Mailing Address 206 Katie Drive  |                                     | <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Feasterville Trevo   | PA                                  | 19053-7328  |
|   | FEC ID number of contributing federal political committee.             |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Iner Precision  |  | Occupation<br>Sales Engineer        | <b>Transaction ID:</b> 2009M04L11ai02886  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="250.00"/> | <input type="text" value="100.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Rudolf A. Pfeleger, Sr. |                                     | Date of Receipt   |
|   | Mailing Address 206 Katie Drive  |                                     | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Feasterville Trevo   | PA                                  | 19053-7328  |
|   | FEC ID number of contributing federal political committee.             |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Iner Precision  |  | Occupation<br>Sales Engineer        | <b>Transaction ID:</b> 2009M04L11ai02887  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="250.00"/> | <input type="text" value="50.00"/>  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Caroline L. Pham |                                     | Date of Receipt   |
|   | Mailing Address 3700 Laburman Drive                             |                                     | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Randallstown  | MD                                  | 21133-1513  |
|   | FEC ID number of contributing federal political committee.      |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>National Vietnamese American Voters Le  |   | Occupation<br>Vice President        | <b>Transaction ID:</b> 2009M04L11ai02888  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |   | <input type="text" value="420.00"/> | <input type="text" value="200.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="350.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 970 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joyce Phelps

Mailing Address 1500 Hinman Avenue  
Apartment 301

City State Zip Code  
**Evanston IL 60201-4646**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02889

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City State Zip Code  
**Fontana CA 92335-6287**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02890

Amount of Each Receipt this Period 45.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City State Zip Code  
**Fontana CA 92335-6287**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02891

Amount of Each Receipt this Period 45.00

**SUBTOTAL** of Receipts This Page (optional) ..... 240.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 971 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Fred Joe Philbin

Mailing Address 15060 Washington Drive

City State Zip Code  
Fontana CA 92335-6287

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02892

Amount of Each Receipt this Period  
45.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Glen A. Phillips

Mailing Address 235 Sweet Spring Road

City State Zip Code  
Glenmoore PA 19343-2600

FEC ID number of contributing federal political committee. **C**

Name of Employer Phelps Brothers Electrical Contractor Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02893

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Colonel & Verne Phillips

Mailing Address 7313 Mesa Drive

City State Zip Code  
Austin TX 78731-2105

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02894

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1120.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 972 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donovan Phillips

Mailing Address 134 W. Shipyard Rd.

City State Zip Code  
Mount Pleasant SC 29464-2678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mountain Creek Contractor- s, Inc. Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02895

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Richard Phillips

Mailing Address 1001 Harvey Street

City State Zip Code  
Raleigh NC 27608-2331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
None Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai02896

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vance W. Phillips

Mailing Address 7501 E. Thompson Peak Parkway  
Unit 426

City State Zip Code  
Scottsdale AZ 85255-4544

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02897

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 973 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Rene E. Pidoux, M.D.  | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 435 Arden Avenue<br>Suite 410  | <b>Transaction ID:</b> 2009M04L11ai02898            |
|           | City State Zip Code<br>Glendale CA 91203-4020  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Requested Occupation Requested<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Hanns A. Pielenz   | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |
|           | Mailing Address 740 Manatee Cove  | <b>Transaction ID:</b> 2009M04L11ai02899            |
|           | City State Zip Code<br>Vero Beach FL 32963-3728   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Dave L. Pierce   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 58 Mc Gowan Road   | <b>Transaction ID:</b> 2009M04L11ai02900            |
|           | City State Zip Code<br>Ogdensburg NY 13669-4325  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>375.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1225.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 974 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Dave L. Pierce

Mailing Address 58 Mc Gowan Road

City Ogdensburg State NY Zip Code 13669-4325

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai02901

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Martin Pierce

Mailing Address 2341 N. Suntuoso Court  
Apartment 11

City Farmington State NM Zip Code 87401-2188

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 2009M04L11ai02902

Amount of Each Receipt this Period 1200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald D. Pierce

Mailing Address 33751 Blessington Lane

City San Juan Capo State CA Zip Code 92675-4958

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2009

Transaction ID: 2009M04L11ai02903

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 975 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Joya Piland

Mailing Address 3086 Quail St.

City Grand Junction State CO Zip Code 81504

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Embroidery

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02904

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Maria Piscocoy

Mailing Address P.O. Box 924167

City Houston State TX Zip Code 77292-4167

FEC ID number of contributing federal political committee. **C**

Name of Employer Nutri Vitamin Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02905

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Maria Piscocoy

Mailing Address P.O. Box 924167

City Houston State TX Zip Code 77292-4167

FEC ID number of contributing federal political committee. **C**

Name of Employer Nutri Vitamin Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai02906

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 976 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffery J. Pitman

Mailing Address 2741 W 91st St

City State Zip Code  
Bloomington MN 55431-2110

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ENTAMP CONTY MANAGER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai02907

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William A. Pitt

Mailing Address 1349 Partridge Avenue

City State Zip Code  
El Cajon CA 92020-1480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02908

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D Pittman

Mailing Address 8525 Douglas Ave Ste 40

City State Zip Code  
Urbandale IA 50322-2925

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai02909

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 977 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John B. Place

Mailing Address 34 Pond Lane

City State Zip Code  
Bryn Mawr PA 19010-1772

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02910

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Oscar A. Plasencia, Jr.

Mailing Address 2603 S.W. 122Nd Avenue

City State Zip Code  
Davie FL 33330-1329

FEC ID number of contributing federal political committee. **C**

Name of Employer Miami-Dade Police Department Occupation Police Detective

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02911

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Andreas M. Pleil

Mailing Address 2241 Vista La Nisa

City State Zip Code  
Carlsbad CA 92009-8712

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai02912

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 978 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Ploth

Mailing Address 722 Walnut Street  
Apartment 306

City State Zip Code  
Kansas City MO 64106-1609

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02913

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Matthias Plum, Jr.

Mailing Address 172 Beacon Street

City State Zip Code  
Boston MA 02116-1401

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai02914

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Plumleigh

Mailing Address 2132 N. Victoria Drive

City State Zip Code  
Santa Ana CA 92706-2516

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai02915

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 979 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frank C. Poague

Mailing Address 8363 Cedarcrest Dr. E.

City State Zip Code  
Southaven MS 38671-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02916

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank C. Poague

Mailing Address 8363 Cedarcrest Dr. E.

City State Zip Code  
Southaven MS 38671-3415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02917

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Michal Elizabeth Poche

Mailing Address 200D Dublin Circle

City State Zip Code  
Lafayette LA 70506-3865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arthur C. Leblanc, Jr. Cpl & Associate Landman

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02918

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **400.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 980 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Miss Michal Elizabeth Poche

Mailing Address 200D Dublin Circle

City State Zip Code  
**Lafayette LA 70506-3865**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arthur C. Leblanc, Jr. Cpl & Associate Landman

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 31 / 2009**

**Transaction ID: 2009M04L11ai02919**

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
Ms Susan Poff

Mailing Address 7900 S. Stivers Road

City State Zip Code  
**Germantown OH 45327-7523**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **300.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 03 / 2009**

**Transaction ID: 2009M04L11ai02920**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glen Jeffrey Poffenbarger

Mailing Address 11901 Sawhill Blvd.

City State Zip Code  
**Spotsylvania VA 22553-3647**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Medicorp Neurosurgeon

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **500.00**

Date of Receipt  
M M / D D / Y Y Y Y Y  
**03 / 16 / 2009**

**Transaction ID: 2009M04L11ai02921**

Amount of Each Receipt this Period  
**500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 981 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City State Zip Code  
Manhasset NY 11030-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adamba Imports Secretary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai02922

Amount of Each Receipt this Period  
40.00

**B.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City State Zip Code  
Manhasset NY 11030-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adamba Imports Secretary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02923

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)

Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City State Zip Code  
Manhasset NY 11030-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adamba Imports Secretary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02924

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

80.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 982 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Ava Polansky-Bak

Mailing Address 330 Dogwood Lane

City State Zip Code  
Manhasset NY 11030-2562

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Adamba Imports Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02925

Amount of Each Receipt this Period  
90.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Louis J. Poletti

Mailing Address 333 El Camino Real

City State Zip Code  
South San Francisc CA 94080-5923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai02926

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alton Polk

Mailing Address 3613 Blain Drive

City State Zip Code  
Rowlett TX 75088-6069

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02927

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 983 / 1940              |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |   |  |  |
|---|---|---|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Anthony J. Ponsiglione, II |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|   | Mailing Address 1030 Manakin Road   |   | <b>Transaction ID:</b> 2009M04L11ai02928            |  |  |
|   | City<br>Manakin Sabot   | State<br>VA                                     | Zip Code<br>23103-3142                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>    |   |   |  |  |
|   | Name of Employer<br>A.M.F. Worldwide                                      | Occupation<br>Vice President Of Human Resources |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00              |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. David R. Poole          |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|   | Mailing Address 8245 Thimble Court                                     |                                    | <b>Transaction ID:</b> 2009M04L11ai02929            |  |  |
|   | City<br>San Diego  | State<br>CA                        | Zip Code<br>92129-3777                              | Amount of Each Receipt this Period<br>300.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
|   | Name of Employer Requested   | Occupation Requested               |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. James Pope       |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |   |  |
|   | Mailing Address 207 Lakeview Circle                                    |                                     | <b>Transaction ID:</b> 2009M04L11ai02930            |   |  |
|   | City<br>Montgomery   | State<br>TX                         | Zip Code<br>77356-5927                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |   |   |  |
|   | Name of Employer Self-Employed   | Occupation Self-Employed            |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1550.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 984 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Jim Popp

Mailing Address 781 Pinecliff Pl.

City Columbus State OH Zip Code 43085-1906

FEC ID number of contributing federal political committee. **C**

Name of Employer Cardinal Orthopedic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai02931

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dan B. Porter

Mailing Address 5230 East Honeywood Lane

City Anaheim State CA Zip Code 92807-3602

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai02932

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Margaret Porter

Mailing Address 2207 Manhattan Blvd.

City Spirit Lake State IA Zip Code 51360-7542

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai02933

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 985 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Porter

Mailing Address 1829 S.W. 146Th Street

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Burien | State<br>WA | Zip Code<br>98166-1022 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 26 / 2009        |

**Transaction ID:** 2009M04L11ai02934  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Val J. Porter

Mailing Address 1161 Mc Nutt Crossing

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Bogart | State<br>GA | Zip Code<br>30622-2498 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 12 / 2009        |

**Transaction ID:** 2009M04L11ai02935  
 Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Val J. Porter

Mailing Address 1161 Mc Nutt Crossing

|                |             |                        |
|----------------|-------------|------------------------|
| City<br>Bogart | State<br>GA | Zip Code<br>30622-2498 |
|----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

|                       |
|-----------------------|
| M M / D D / Y Y Y Y Y |
| 03 / 13 / 2009        |

**Transaction ID:** 2009M04L11ai02936  
 Amount of Each Receipt this Period  
100.00

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 986 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jeraldine L. Potras

Mailing Address 1055 E. Eckerman Avenue

City State Zip Code  
West Covina CA 91790-1742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Compton Community College Consultant  
Dist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai02937

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jeraldine L. Potras

Mailing Address 1055 E. Eckerman Avenue

City State Zip Code  
West Covina CA 91790-1742

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Compton Community College Consultant  
Dist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02938

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Anne D. Potter

Mailing Address 15342 Round Island

City State Zip Code  
Clayton NY 13624-2026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02939

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                 |
|---|--|-----------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 987 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                     |                                       |  |
|---|---|-------------------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James C. Powell      |                                     | Date of Receipt                       |  |
|   | Mailing Address 2409 Payne Street                                   |                                     | M M / D D / Y Y Y Y<br>03 / 17 / 2009 |  |
|   | City  | State                               | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02940 |
|   | Evanston  | IL                                  | 60201-2512                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | 1000.00                               |  |
| Name of Employer<br>New York Life Investment Management   |   | Occupation<br>Investment Banker     |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 |                                       |  |

|   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Wellington Powell    |                                    | Date of Receipt                       |  |
|   | Mailing Address 4230 N. 68Th Place                                  |                                    | M M / D D / Y Y Y Y<br>03 / 12 / 2009 |  |
|   | City  | State                              | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02941 |
|   | Scottsdale  | AZ                                 | 85251-2312                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 250.00                                |  |
| Name of Employer<br>Northern Trust Bank   |   | Occupation<br>Banker               |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |                                       |  |

|   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William E. Powell    |                                    | Date of Receipt                       |  |
|   | Mailing Address 2202 Patterson Place                                |                                    | M M / D D / Y Y Y Y<br>03 / 20 / 2009 |  |
|   | City  | State                              | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai02942 |
|   | Arlington   | TX                                 | 76012-5505                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 220.00                                |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>220.00 |                                       |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1470.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 988 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn C. Powers

Mailing Address 2012 The Strand

City State Zip Code  
Manhattan Beach CA 90266-4559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02943

Amount of Each Receipt this Period  
1900.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Powers

Mailing Address 5310 E. Wonderview Road

City State Zip Code  
Phoenix AZ 85018-1941

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Powers Steel & Wire Inc. Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02944

Amount of Each Receipt this Period  
550.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Powers

Mailing Address 2012 The Strand

City State Zip Code  
Manhattan Beach CA 90266-4559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-employed Real Estate Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai02945

Amount of Each Receipt this Period  
1900.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 989 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Dianna Broussard Prachyl

Mailing Address 232 Pin Oak Dr.

City State Zip Code  
Mabank TX 75156-7160

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02946

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roger A. Pratesi

Mailing Address 3545 Paces Ferry Cir. S. E.

City State Zip Code  
Smyrna GA 30080-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai02947

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James D. Pratt

Mailing Address 18245 SE Village Circle

City State Zip Code  
Tequesta FL 33469-3403

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02948

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 990 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Jane S. Pratt

Mailing Address 1479 SW Shoreline Dr.

City State Zip Code  
Palm City FL 34990-4535

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02949

Amount of Each Receipt this Period  
1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John T. Pratt

Mailing Address 1479 S.W. Shoreline Drive

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai02950

Amount of Each Receipt this Period  
1500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bernarr R. Pravel

Mailing Address 8580 Woodway Dr.  
Apt. 1303

City State Zip Code  
Houston TX 77063-2469

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02951

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 991 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Cathy J. Prenner

Mailing Address 2637 N.E. 28Th Court

City State Zip Code  
Lighthouse Point FL 33064-8219

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai02952

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mimi Prentice

Mailing Address 435 E. 52nd Street  
Apartment 12G

City State Zip Code  
New York NY 10022-6445

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 7500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai02953

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Prescott

Mailing Address 6147 Menlo Drive

City State Zip Code  
Baton Rouge LA 70808-5054

FEC ID number of contributing federal political committee. **C**

Name of Employer Co Op Bookstore, Inc. Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai02954

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 992 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harold W. Preston

Mailing Address 1613 Reunion Circle

City State Zip Code  
Carrollton TX 75007-5026

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
W.E.B. Technology, Inc. Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai02955

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. A. S. Price, Jr.

Mailing Address 1815 Enclave Parkway  
Apartment 4301

City State Zip Code  
Houston TX 77077-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai02956

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Herbert H. Price

Mailing Address 17031 Bullfield Road

City State Zip Code  
Doswell VA 23047-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
H. & L. Price, Inc. Highway Construction

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02957

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **720.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 993 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City State Zip Code  
Melbourne FL 32935-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai02958

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Will & Carolyn T. Price

Mailing Address 2634 Lowell Circle

City State Zip Code  
Melbourne FL 32935-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02959

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Karin Prince

Mailing Address 300 Overlook Lane

City State Zip Code  
Gulph Mills PA 19428-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer The Prince Group Inc Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai02960

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                 |
|---|---|-----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 994 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                 |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Nazaro Propati |   | Date of Receipt   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 1703 St. Andrew Drive                         |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |        | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M   | /   | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3   |   | 2      | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Vernon Hills IL 60061-1053             |   | <b>Transaction ID:</b> 2009M04L11ai02961  |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Occupation<br>Aon Manager  |   | <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>                             |   | 250.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table> |   | 350.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 350.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Nazaro Propati |   | Date of Receipt   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 1703 St. Andrew Drive                         |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |        | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M   | /   | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3   |   | 3      | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Vernon Hills IL 60061-1053             |   | <b>Transaction ID:</b> 2009M04L11ai02962  |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Occupation<br>Aon Manager  |   | <table border="1"> <tr> <td colspan="10">100.00</td> </tr> </table>                             |   | 100.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 100.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table> |   | 350.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 350.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ed Prosser |   | Date of Receipt   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address P.O. Box 14                               |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |        | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 0 |  | 2 | 0 | 0 | 9 |
|   | M   | M   | /   | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3   |   | 2      | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Cheyenne WY 82003-0014             |   | <b>Transaction ID:</b> 2009M04L11ai02963  |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period  |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Occupation<br>Self Employed Rancher  |   | <table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>                             |   | 250.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br><table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table> |   | 250.00 |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 250.00  |   |   |   |        |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |  |        |
|--|---|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | <table border="1"><tr><td>600.00</td></tr></table> | 600.00 |
| 600.00   |   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | <table border="1"><tr><td> </td></tr></table>      |        |
|  |   |  |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 995 / 1940              |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Jane E. Protz |                                    | Date of Receipt   |
|   | Mailing Address 115 Saltwater Way                             |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Savannah  | GA                                 | 31411-1207  |
|   | FEC ID number of contributing federal political committee.    |                                    | Transaction ID: 2009M04L11ai02964   |
|   |   | Amount of Each Receipt this Period | <input type="text"/> 100.00   |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼           | <input type="text"/> 300.00   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. William Pruchnic |                                    | Date of Receipt   |
|   | Mailing Address 162 Lauren Lane                                 |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Johnstown   | PA                                 | 15905   |
|   | FEC ID number of contributing federal political committee.      |                                    | Transaction ID: 2009M04L11ai02965   |
|   |   | Amount of Each Receipt this Period | <input type="text"/> 250.00   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼           | <input type="text"/> 500.00   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Gary Pruden |                                    | Date of Receipt   |
|   | Mailing Address 15 Kellocks Run Road                       |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 26 / 2009 |
|   | City   | State                              | Zip Code  |
|   | Hummelstown  | PA                                 | 17036-9182  |
|   | FEC ID number of contributing federal political committee. |                                    | Transaction ID: 2009M04L11ai02966   |
|   |  | Amount of Each Receipt this Period | <input type="text"/> 150.00   |
| Name of Employer<br>U.S.F. Glen Moore   |  | Occupation<br>President            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           | <input type="text"/> 410.00   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 996 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mickey Pruitt

Mailing Address R.R. 1 Box 16

City State Zip Code  
Ratliff City OK 73481-9711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02967

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ted A. Pruitt

Mailing Address 2617 Kenwood Drive

City State Zip Code  
Duluth GA 30096-3637

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai02968

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen & Katherine Pryor

Mailing Address 4 Lazy Wood Lane

City State Zip Code  
Houston TX 77024-7541

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai02969

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 997 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert J. Pugh

Mailing Address 4 Westwood Forest Lane

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Kirkwood | MO    | 63122-6556 |

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

|   |                                    |
|---|------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai02970

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert J. Pugh

Mailing Address 4 Westwood Forest Lane

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| Kirkwood | MO    | 63122-6556 |

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

|   |                                    |
|---|------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai02971

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Michael Pulick

Mailing Address 1745 Stonebridge Drive S.

|           |       |            |
|-----------|-------|------------|
| City      | State | Zip Code   |
| Ann Arbor | MI    | 48108-8511 |

FEC ID number of contributing federal political committee. **C**

|                             |                       |
|-----------------------------|-----------------------|
| Name of Employer<br>Retired | Occupation<br>Retired |
|-----------------------------|-----------------------|

|   |                                    |
|---|------------------------------------|
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |
|---|------------------------------------|

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai02972

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

TOTAL This Period (last page this line number only) ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 998 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Edward Allen Pundt |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |  |  |
|   | Mailing Address 1748 U. Ave                                       |                                    | <b>Transaction ID:</b> 2009M04L11ai02973            |  |  |
|   | City<br>Homestead   | State<br>IA                        | Zip Code<br>52236-8532                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C   |                                    |   |  |  |
|   | Name of Employer<br>Retired                                       | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Nancy Z. Punola  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |   |  |
|   | Mailing Address 210 Central Avenue                              |                                    | <b>Transaction ID:</b> 2009M04L11ai02974            |   |  |
|   | City<br>Madison   | State<br>NJ                        | Zip Code<br>07940-1611                              | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |   |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |   |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Linda L. Purcell |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|   | Mailing Address 920 N. Locust Lane                              |                                    | <b>Transaction ID:</b> 2009M04L11ai02975            |  |  |
|   | City<br>Tacoma  | State<br>WA                        | Zip Code<br>98406-1092                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Requested                                   | Occupation<br>Requested            |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>210.00 |   |  |  |

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

400.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 999 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Barbara L. Purdon

Mailing Address P.O. Box 2307

City State Zip Code  
Oxford MS 38655-6000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cardiology Consultants Of Nurse  
Oxford

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 0 9

Transaction ID: 2009M04L11ai02976

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Lynn Purdy

Mailing Address P.O. Box 1995

City State Zip Code  
Upland CA 91785-1995

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
T.R.L. Systems Sales Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai02977

Amount of Each Receipt this Period  
80.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. James L. Putnam

Mailing Address 203 Ash Avenue

City State Zip Code  
Tintah MN 56583-8321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai02978

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1180.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1000 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James L. Putnam

Mailing Address 203 Ash Avenue

City State Zip Code  
Tintah MN 56583-8321

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai02979

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Freddie Pyron

Mailing Address 535 Futral Road

City State Zip Code  
Griffin GA 30224-7516

FEC ID number of contributing federal political committee. **C**

Name of Employer TWA Occupation Ramp Servicer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai02980

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Burl V. Quimby

Mailing Address P.O. Box 351

City State Zip Code  
Chaton AL 36518-0351

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai02981

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1001 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Burl V. Quimby  
Mailing Address P.O. Box 351  
City Chaton State AL Zip Code 36518-0351  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02982  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Lee & David Quincy  
Mailing Address P.O. Box 337  
City South Orleans State MA Zip Code 02662-0337  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai02983  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vernon Rabel  
Mailing Address 1145 County Road 218  
City Weimar State TX Zip Code 78962-5183  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 465.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai02984  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1002 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Vernon Rabel         |                             | Date of Receipt   |
|   | Mailing Address 1145 County Road 218                                |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 05 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Weimar  | TX                          | 78962-5183  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02985  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>165.00  |
|   |   | <input type="text"/> 465.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Vernon Rabel         |                             | Date of Receipt   |
|   | Mailing Address 1145 County Road 218                                |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 17 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Weimar  | TX                          | 78962-5183  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02986  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired       | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>150.00  |
|   |   | <input type="text"/> 465.00 |   |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bobby Rackler        |                             | Date of Receipt   |
|   | Mailing Address 1881 N Us 385                                       |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City  | State                       | Zip Code  |
|   | Levelland   | TX                          | 79336   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | <b>Transaction ID:</b> 2009M04L11ai02987  |
| Name of Employer<br>Self Employed   |   | Occupation<br>Farmer        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/><br>250.00  |
|   |   | <input type="text"/> 250.00 |   |

|  |                                |
|--|--------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>565.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>           |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1003 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Raffaele, Jr.  
Mailing Address 1040 Brazos Heights Road

City State Zip Code  
Mineral Wells TX 76067-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Self - Employed Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai02988  
Amount of Each Receipt this Period: 110.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eloise Ragland  
Mailing Address 1815 Sherry Lea Drive

City State Zip Code  
Neosho MO 64850-2930

FEC ID number of contributing federal political committee. **C**

Name of Employer Ragland Mills, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai02989  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John M. Rainey  
Mailing Address 309 Coulee Croche Road

City State Zip Code  
Sunset LA 70584-5909

FEC ID number of contributing federal political committee. **C**

Name of Employer Louisiana Oncology Associates Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02990  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 560.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1004 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Paul Rainey

Mailing Address 315 S. Beverly Drive  
Suite 407

City State Zip Code  
Beverly Hills CA 90212-4301

FEC ID number of contributing federal political committee. **C**

Name of Employer Ron Rainey Management, Inc.  
Occupation Personal Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02991

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynanne G. Rales

Mailing Address 6800 Hillmead Road

City State Zip Code  
Bethesda MD 20817-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker  
Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02992

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City State Zip Code  
Santa Clarita CA 91387-4047

FEC ID number of contributing federal political committee. **C**

Name of Employer Crossmark So California  
Occupation Account Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai02993

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2320.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1005 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City State Zip Code  
Santa Clarita CA 91387-4047

FEC ID number of contributing federal political committee. **C**

Name of Employer Crossmark So California Occupation Account Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai02994

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Christine A. Ralphs

Mailing Address 26314 Ravenhill Road

City State Zip Code  
Santa Clarita CA 91387-4047

FEC ID number of contributing federal political committee. **C**

Name of Employer Crossmark So California Occupation Account Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai02995

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas Ralston

Mailing Address 14235 Ridgemontdrive

City State Zip Code  
Urbandale IA 50323-2284

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S.Army Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai02996

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1006 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hobart G. Rand

Mailing Address 2783 Elm Street

City Manchester State NH Zip Code 03104-1657

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 13 / 2009  
Transaction ID: 2009M04L11ai02997  
Amount of Each Receipt this Period: 350.00

**B.** Full Name (Last, First, Middle Initial)  
John L Randall

Mailing Address 219 N High St

City Mankato State KS Zip Code 66956

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai02998  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clyde E. Rankin, III

Mailing Address 10 W. 66Th Street  
Apartment 18F

City New York State NY Zip Code 10023-6210

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai02999  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1007 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David H. Rankin

Mailing Address 3631 Cypress Club Drive

City State Zip Code  
Charlotte NC 28210-2460

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03000

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Margie A. Rankin

Mailing Address 3007 Bowman Street

City State Zip Code  
Las Cruces NM 88005-3704

FEC ID number of contributing federal political committee. **C**

Name of Employer Las Cruces Public Schools Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03001

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Rankin

Mailing Address P.O. Box 168

City State Zip Code  
Yakima WA 98907-0168

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai03002

Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1008 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William D. Rankin

Mailing Address 220 N. Dithridge Street  
Apartment 1000

City State Zip Code  
Pittsburgh PA 15213-1425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03003

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Mary L. Rankin Waters

Mailing Address 100 Harbor View Dr.  
Apartment 403

City State Zip Code  
Port Washington NY 11050-4719

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03004

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jaak E. Rannik

Mailing Address 1530 Salvatierra Drive

City State Zip Code  
Coral Gables FL 33134-6240

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
B. & R. Group, Inc. Businessman

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03005

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1009 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Reba B. Ransom

Mailing Address 7131 E. 6Th Avenue

City State Zip Code  
Denver CO 80220-5532

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03006

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Mary C. Rasicot

Mailing Address 32 Fitzys Way

City State Zip Code  
North Attleboro MA 02760-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03007

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce D. Rasmussen

Mailing Address 10385 Rue Chantemar

City State Zip Code  
San Diego CA 92131-2260

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03008

Amount of Each Receipt this Period  
180.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 390.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1010 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Geoffrey Rausch

Mailing Address 5075 Southlake Drive

City State Zip Code  
**Alpharetta GA 30005-4334**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
**03 / 23 / 2009**

**Transaction ID: 2009M04L11ai03009**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Timothy J. Raver

Mailing Address P.O.Box 2315  
445 Aspen Drive #7

City State Zip Code  
**Jackson WY 83001-2315**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
**03 / 10 / 2009**

**Transaction ID: 2009M04L11ai03010**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Eugene A. Ravizza

Mailing Address 9 O'Keefe Lane

City State Zip Code  
**Los Altos Hills CA 94022-4610**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
**03 / 09 / 2009**

**Transaction ID: 2009M04L11ai03011**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1011 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard Rawlings

Mailing Address 6 Greenmeadow Lane

City State Zip Code  
Bedford NH 03110-6301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03012

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Rawlings

Mailing Address P.O. Box 4040

City State Zip Code  
Pueblo CO 81003-0040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03013

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. James R. Ray

Mailing Address 1444 Mulberry Road

City State Zip Code  
Barnwell SC 29812-5440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03014

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1012 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bruce A. Raymond

Mailing Address 218 Salem Drive

City State Zip Code  
Pittsburgh PA 15241-2226

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai03015  
Amount of Each Receipt this Period: 750.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Beverly J. Razook

Mailing Address 185 S. Avenida Felipe

City State Zip Code  
Anaheim CA 92807-3735

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03016  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Bonnie L. Re

Mailing Address 5668 N.W. 23Rd Terrace

City State Zip Code  
Boca Raton FL 33496-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03017  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1013 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Bonnie L. Re  
Mailing Address 5668 N.W. 23Rd Terrace  
City Boca Raton State FL Zip Code 33496-2804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03018  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Bonnie L. Re  
Mailing Address 5668 N.W. 23Rd Terrace  
City Boca Raton State FL Zip Code 33496-2804  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03019  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph M Reahard, III  
Mailing Address 15310 Amberly Drive Suite 250  
City Tampa State FL Zip Code 33647-1642  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 03 / 04 / 2009  
Transaction ID: 2009M04L11ai03020  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1014 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ralph M Reahard, III

Mailing Address 15310 Amberly Drive  
Suite 250

City Tampa State FL Zip Code 33647-1642

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai03021

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Keith Reames

Mailing Address 4005 Castlerock Road

City Norman State OK Zip Code 73072-1751

FEC ID number of contributing federal political committee. **C**

Name of Employer Edward Jones Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03022

Amount of Each Receipt this Period  
550.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Jane F. Rector

Mailing Address 325 N. Broadway

City Azle State TX Zip Code 76020-3745

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03023

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1015 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Redmond

Mailing Address 18860 Jug Street

City State Zip Code  
Garrettsville OH 44231-9548

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R.S.B. Spine, L.L.C. C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03024

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Verlin Reece

Mailing Address 224 Lake Vista Lane

City State Zip Code  
Commerce GA 30529-4230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Quality Foods Commerce Inc Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03025

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard H. Reel

Mailing Address P.O. Box 143

City State Zip Code  
Douglas MI 49406-0143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03026

Amount of Each Receipt this Period  
135.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **735.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1016 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Gunther & Joan M. Reese

Mailing Address 15736 Glenisle Way

City State Zip Code  
Fort Myers FL 33912-3922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03027

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Maurice J. Reese

Mailing Address 713 Lakewood Blvd.

City State Zip Code  
Madison WI 53704-6048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03028

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Maurice J. Reese

Mailing Address 713 Lakewood Blvd.

City State Zip Code  
Madison WI 53704-6048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03029

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1017 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Patricia A. Reese

Mailing Address 1063 Hillsboro Mile  
Apartment 606

City Hillsboro Beach State FL Zip Code 33062-2164

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03030  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen F. Reeves

Mailing Address 104 Woodbrook Ln.

City Baltimore State MD Zip Code 21212-1034

FEC ID number of contributing federal political committee. **C**

Name of Employer The Black and Decker Corp. Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03031  
Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City Richmond State VA Zip Code 23229-7912

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03032  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1018 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Maria Teresa Regirer

Mailing Address 9 Roslyn Hills Drive

City Richmond State VA Zip Code 23229-7912

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai03033

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Lt. Col. Edward R. Regis

Mailing Address 21292 Twining Avenue

City Riverside State CA Zip Code 92518-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 26 / 2009

Transaction ID: 2009M04L11ai03034

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph P. Rehonic

Mailing Address P.O. Box 18979

City Panama City State FL Zip Code 32417-8979

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Builder Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai03035

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1019 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph P. Rehonic

Mailing Address P.O. Box 18979

City State Zip Code  
Panama City FL 32417-8979

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Builder Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03036

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edwin Reid

Mailing Address 4719 Idlewilde Road

City State Zip Code  
Shady Side MD 20764-9788

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03037

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608

City State Zip Code  
Omaha NE 68102-0037

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Nebraska At Oklahoma Occupation Security Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03038

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **525.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1020 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608

City Omaha State NE Zip Code 68102-0037

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Nebraska At Oklahoma Occupation Security Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03039

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608

City Omaha State NE Zip Code 68102-0037

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Nebraska At Oklahoma Occupation Security Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03040

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles G. Reimers

Mailing Address 300 S. 16Th Street  
Apartment 608

City Omaha State NE Zip Code 68102-0037

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Nebraska At Oklahoma Occupation Security Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03041

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 90.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1021 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms Doris Rein

Mailing Address 9318 N. Main Street

City Baytown State TX Zip Code 77521-8753

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03042  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Rendall

Mailing Address 8704 Highhill Road

City Raleigh State NC Zip Code 27615-2038

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009  
Transaction ID: 2009M04L11ai03043  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bernd W. Renner

Mailing Address 216 Mira Mar Avenue  
Apartment C.

City Long Beach State CA Zip Code 90803-6162

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Marine Inc. Occupation Superintendent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03044  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1022 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. Daniel Renner

Mailing Address 3540 N. Hualapai Way  
Apartment 1025

City State Zip Code  
Las Vegas NV 89129-3884

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Station Casinos Quality Supervisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 310.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03045

Amount of Each Receipt this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Jack Rentz

Mailing Address 18 Pinehurst

City State Zip Code  
Abilene TX 79606-5071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rentech Boiler Systems Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai03046

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Mrs. Michele Reppucci

Mailing Address 1224 2Nd Street

City State Zip Code  
Manhattan Beach CA 90266-6837

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03047

Amount of Each Receipt this Period  
100.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

450.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1023 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ltc. Patrick E. Resley

Mailing Address 7336 N. Mountain Shadows Drive

City Tucson State AZ Zip Code 85718-1071

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03048  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Samuel J. Revak

Mailing Address 2491 Linwood Lane

City Woodbridge State VA Zip Code 22192-3402

FEC ID number of contributing federal political committee. **C**

Name of Employer I.T.E.S. Occupation Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 04 / 2009  
Transaction ID: 2009M04L11ai03049  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Rewey

Mailing Address 810 S. Ocean Boulevard

City Palm Beach State FL Zip Code 33480-4815

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03050  
Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 1024 / 1940             |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly Reynolds

Mailing Address 510 Barrington Road

City State Zip Code  
Signal Mountain TN 37377-3135

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03051

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Neil V. Reynolds

Mailing Address P.O. Box 24

City State Zip Code  
Leadville CO 80461-0024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03052

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ranolph Reynolds, Jr.

Mailing Address 3 Partridge Hill Road

City State Zip Code  
Richmond VA 23238-6219

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03053

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1025 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard W. Reynolds

Mailing Address 815 Bragor 78701  
Apartment 11

City State Zip Code  
Austin TX 78703-1066

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03054

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Lloyd E. Rhian, Jr.

Mailing Address 1 Bob White Trail

City State Zip Code  
Hattiesburg MS 39402-9621

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03055

Amount of Each Receipt this Period  
225.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Lloyd V. Rhinhart

Mailing Address P.O. Box 658  
67770 Rocky

City State Zip Code  
Pilot Rock OR 97868-0658

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03056

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1026 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Lloyd V. Rhinhart

Mailing Address P.O. Box 658  
67770 Rocky

City State Zip Code  
Pilot Rock OR 97868-0658

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03057

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City State Zip Code  
Lake Stevens WA 98258-9721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03058

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City State Zip Code  
Lake Stevens WA 98258-9721

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03059

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1027 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Rhoden

Mailing Address 525 Rhodora Heights Road

City State Zip Code  
Lake Stevens WA 98258-9721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03060

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Dennis Alfred Rhyne

Mailing Address 24951 Sausalito Street

City State Zip Code  
Laguna Hills CA 92653-5627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai03061

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Willard Rhynes

Mailing Address P.O. Box 38

City State Zip Code  
Ada OK 74821-0038

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03062

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

450.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1028 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Harlan R. Ribnik

Mailing Address P.O. Box 628

City State Zip Code  
Cheyenne WY 82003-0628

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03063

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Katherine Ricart

Mailing Address 19416 Mill Dam Place

City State Zip Code  
Lansdowne VA 20176-8426

FEC ID number of contributing federal political committee. **C**

Name of Employer Bds/Caci Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03064

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George Ricci

Mailing Address 931 Metro Drive

City State Zip Code  
Monterey Park CA 91755-4233

FEC ID number of contributing federal political committee. **C**

Name of Employer Rainshow's Manufacturing Occupation Self-employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03065

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1029 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Andrea Lynne Rice

Mailing Address 7200 Capilla Court

City State Zip Code  
Coral Gables FL 33143-6113

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03066

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Rice

Mailing Address 2020 N. Plantation Dr.

City State Zip Code  
Dunkirk MD 20754-9763

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai03067

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Sam Rice

Mailing Address 28720 E. River Road

City State Zip Code  
Perrysburg OH 43551-2728

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03068

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1030 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Bill Richardson

Mailing Address 7205 Nichols Road

City State Zip Code  
Oklahoma City OK 73120-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
1St Enterprise Bank Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03069

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Monte F. Richardson

Mailing Address 36 Lambeth Drive

City State Zip Code  
Asheville NC 28803-3431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03070

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Donald G. Richerson

Mailing Address 890 Greenview

City State Zip Code  
Collierville TN 38017-1436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03071

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1200.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1031 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Donald Richter

Mailing Address 8578 Edgeware Way

City Elk Grove State CA Zip Code 95758-6783

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai03072  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Henry B. Rickenbaker

Mailing Address 1004 Ackerman Drive

City Summerton State SC Zip Code 29148-7550

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03073  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Roberta Riddell

Mailing Address 1889 E. State Road 44  
Apartment 9

City Connersville State IN Zip Code 47331-9171

FEC ID number of contributing federal political committee. **C**

Name of Employer D.D.B. Worldwide Occupation Broadcast Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 05 / 2009  
Transaction ID: 2009M04L11ai03074  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1032 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Miss Roberta Riddell

Mailing Address 1889 E. State Road 44  
Apartment 9

City State Zip Code  
Connersville IN 47331-9171

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D.D.B. Worldwide Broadcast Business Manager

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03075

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steven W Riebel

Mailing Address 145 Dodge Rd

City State Zip Code  
Boerne TX 78006-8526

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03076

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Bernard Riechers

Mailing Address 11838 Alder Street N.W.

City State Zip Code  
Coon Rapids MN 55448-2427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Trane Company Finance

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03077

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1033 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John A. Riedman

Mailing Address P.O. Box 528257

City State Zip Code  
Flushing NY 11352-8257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 295.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03078

Amount of Each Receipt this Period  
295.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Franklin Riehlman

Mailing Address 138 Van Cortlandt Park S.

City State Zip Code  
Bronx NY 10463-2505

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03079

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. L. Susan Riepenhoff

Mailing Address 130 Jett Forest Court N.W.

City State Zip Code  
Atlanta GA 30327-4519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 440.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03080

Amount of Each Receipt this Period  
440.00

**SUBTOTAL** of Receipts This Page (optional) .....

835.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1034 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cheryl Riggs

Mailing Address 137 E. Arctic Avenue

City Palmer State AK Zip Code 99645-6255

FEC ID number of contributing federal political committee. **C**

Name of Employer Great Northern Engineering Occupation Officer Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03081  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James R. Riggs

Mailing Address 3718 Villanova Street

City Dallas State TX Zip Code 75225-5111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 11 / 2009  
Transaction ID: 2009M04L11ai03082  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carol C Riley

Mailing Address 167 Main Entrance Dr

City Pittsburgh State PA Zip Code 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03083  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1035 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Carol C Riley

Mailing Address 167 Main Entrance Dr

City State Zip Code  
Pittsburgh PA 15228

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03084

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Inga Rindal

Mailing Address 4600 41St Avenue North  
Apartment 404

City State Zip Code  
Robbinsdale MN 55422-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03085

Amount of Each Receipt this Period  
15.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Inga Rindal

Mailing Address 4600 41St Avenue North  
Apartment 404

City State Zip Code  
Robbinsdale MN 55422-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03086

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **315.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1036 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Sarah Uzzell Rindlaub

Mailing Address 8441 S.E. 68Th Street  
Apartment 217

City Mercer Island State WA Zip Code 98040-5235

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03087  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wade A Riner

Mailing Address 411 Strey Ln

City Houston State TX Zip Code 77024-5064

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03088  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Rini, Sr.

Mailing Address 924 Westpoint Parkway  
Suite 150

City Westlake State OH Zip Code 44145

FEC ID number of contributing federal political committee. **C**

Name of Employer Rini Realty Company Occupation Ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03089  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1037 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James K. Risk, III

Mailing Address 1709 S. 9Th Street

City State Zip Code  
Lafayette IN 47905-2128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kirby Risk Corporation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03090

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David A. Rismiller

Mailing Address 4021 Gulf Shore Blvd. N.  
The Brittany 1006

City State Zip Code  
Naples FL 34103-3471

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03091

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Carolyn Ritchie

Mailing Address 2411 Station Road

City State Zip Code  
Middletown MD 21769-9114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03092

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1038 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |   |   |  |  |
|-----------|--|---|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>William L Ritchie   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|           | Mailing Address 5302 Brookeway Dr  |   | <b>Transaction ID:</b> 2009M04L11ai03093            |  |  |
|           | City<br>Bethesda   | State<br>MD   | Zip Code<br>20816-1308                              | Amount of Each Receipt this Period<br>100.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |   |   |  |  |
|           | Name of Employer Ret.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>N/A<br>Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|           |   |   |   |  |  |
|-----------|---|---|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Sam Rizk   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|           | Mailing Address 7845 Wills Run Lane   |   | <b>Transaction ID:</b> 2009M04L11ai03094            |  |  |
|           | City<br>Blacklick   | State<br>OH   | Zip Code<br>43004-8525                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C   |   |   |  |  |
|           | Name of Employer<br>C.A.I.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Physician<br>Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|           |  |   |   |  |  |
|-----------|--|---|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. George A. Rizzo   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |  |  |
|           | Mailing Address 4 Winners Circle   |   | <b>Transaction ID:</b> 2009M04L11ai03095            |  |  |
|           | City<br>Houston  | State<br>TX   | Zip Code<br>77024-2755                              | Amount of Each Receipt this Period<br>220.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |   |   |  |  |
|           | Name of Employer<br>Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Retired<br>Aggregate Year-to-Date ▼<br>220.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 820.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1039 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gerald J. Roba

Mailing Address 621 Lechauwecki Avenue

City State Zip Code  
Fountain Hill PA 18015-4315

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03096

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Robbins

Mailing Address 4498 Lakewood Blvd.

City State Zip Code  
Naples FL 34112-6124

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03097

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Belinda Gayle Robbs

Mailing Address 734 Knob Hill Court

City State Zip Code  
Argyle TX 76226-4640

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03098

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1040 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12                       |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16                       |    |
|                                     |     |                          |     |                          |     |                          | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Dorothy B. Roberts

Mailing Address 1970 Lemon Ranch Road

City State Zip Code  
Santa Barbara CA 93108-2257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03099

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Roberts

Mailing Address 261 Riverway Drive

City State Zip Code  
Vero Beach FL 32963-2645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03100

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lynne King Roberts

Mailing Address 1449 Janet Street

City State Zip Code  
Sycamore IL 60178-1056

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03101

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1041 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard T Roberts

Mailing Address 3239 Lakeshore Ct.

City Stockton State CA Zip Code 95219-5491

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai03102  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Troy Roberts

Mailing Address P.O. Box 3252

City Conroe State TX Zip Code 77305-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer City Of Conroe Occupation Police Detective

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai03103  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clarence B. Robertson, III

Mailing Address 9020 Stony Point Parkway Suite 145

City Richmond State VA Zip Code 23235-1953

FEC ID number of contributing federal political committee. **C**

Name of Employer Landvest, L.L.C. Occupation Land Developer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai03104  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1042 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judy B. Robertson  
Mailing Address P. O. Box 275  
City State Zip Code  
Zapata TX 78076-0275  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Homemaker Homemaker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai03105  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Kenneth N. Robertson  
Mailing Address 12 Stillforest Street  
City State Zip Code  
Houston TX 77024-7518  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Retired Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai03106  
Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Samuel Harry Robertson  
Mailing Address 5994 E. Orange Blossom Lane  
City State Zip Code  
Phoenix AZ 85018-6733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Retired Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai03107  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1043 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Bill Robinson |                                    | Date of Receipt   |
|   | Mailing Address 2634 Harris Ln.                              |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City   | State                              | Zip Code  |
|   | Niles  | MI                                 | 49120-5045  |
|   | FEC ID number of contributing federal political committee.   |                                    | Transaction ID: 2009M04L11ai03108   |
|   |  | Amount of Each Receipt this Period | <input type="text"/>  |
|   |  |                                    | 200.00  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           |   |
|   |  |                                    | 300.00  |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe D. Robinson |                                    | Date of Receipt   |
|   | Mailing Address 7803 Garden Road                               |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City   | State                              | Zip Code  |
|   | Sugar Land   | TX                                 | 77479-6133  |
|   | FEC ID number of contributing federal political committee.     |                                    | Transaction ID: 2009M04L11ai03109   |
|   |  | Amount of Each Receipt this Period | <input type="text"/>  |
|   |  |                                    | 125.00  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           |   |
|   |  |                                    | 250.00  |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Joe D. Robinson |                                    | Date of Receipt   |
|   | Mailing Address 7803 Garden Road                               |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City   | State                              | Zip Code  |
|   | Sugar Land   | TX                                 | 77479-6133  |
|   | FEC ID number of contributing federal political committee.     |                                    | Transaction ID: 2009M04L11ai03110   |
|   |  | Amount of Each Receipt this Period | <input type="text"/>  |
|   |  |                                    | 125.00  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           |   |
|   |  |                                    | 250.00  |

|  |                      |
|--|----------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> |
|  | 450.00               |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/> |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1044 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Samuel H. Robinson

Mailing Address 6815 Kentucky Highway 643

City State Zip Code  
Crab Orchard KY 40419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03111

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Carolyn Robison

Mailing Address 1057 Capital Club Circle N.E.

City State Zip Code  
Atlanta GA 30319-2662

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03112

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Adela I Robles

Mailing Address 1017 Palisade Avenue

City State Zip Code  
Fort Lee NJ 07024-6320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Accountant

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03113

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1045 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. David M. Roby

Mailing Address 7 Bliss Lane  
P.O. Box 266

City State Zip Code  
Lyme NH 03768-0266

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03114

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Fred & Mary Roby

Mailing Address 6435 N. Camino De Michael

City State Zip Code  
Tucson AZ 85718-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03115

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph L. Rocco

Mailing Address 24664 Cordillera Drive

City State Zip Code  
Calabasas CA 91302-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03116

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1046 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Jamie Rochelle

Mailing Address 107 Heath Drive

City State Zip Code  
Ruidoso NM 88345-7230

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03117

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Dawn Rock

Mailing Address 13620 N 19th Street

City State Zip Code  
Phx AZ 85022-5064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Phx Union Hs Distr. Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03118

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Dawn Rock

Mailing Address 13620 N 19th Street

City State Zip Code  
Phx AZ 85022-5064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Phx Union Hs Distr. Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03119

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

525.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1047 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William I. Rockefeller   | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|           | Mailing Address 1658 Gifford Road   | <b>Transaction ID:</b> 2009M04L11ai03120            |
|           | City State Zip Code<br>Phelps NY 14532-9736   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Donald R. Rodeghier  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 1440 Township Avenue  | <b>Transaction ID:</b> 2009M04L11ai03121            |
|           | City State Zip Code<br>Wisc Rapids WI 54494-6332  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Homemaker<br>Occupation Homemaker<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joey L. Rodell   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address P.O. Box 504  | <b>Transaction ID:</b> 2009M04L11ai03122            |
|           | City State Zip Code<br>Buffalo TX 75831-0504  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1048 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard L Rodgers, U.S.N. (Re)  
Mailing Address 9591 Larkview Court

City State Zip Code  
Fairfax Station VA 22039-3370

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Livingston Group Consultant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009  
Transaction ID: 2009M04L11ai03123  
Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George Rodrick  
Mailing Address 30534 Union City Boulevard

City State Zip Code  
Union City CA 94587-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009  
Transaction ID: 2009M04L11ai03124  
Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert L. Roesler  
Mailing Address 4035 S. 84Th Street  
Apartment 3

City State Zip Code  
Greenfield WI 53228-2335

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homes For Independent Living Caregiver

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009  
Transaction ID: 2009M04L11ai03125  
Amount of Each Receipt this Period  
85.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 835.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1049 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Hugh Roff

Mailing Address 333 Clay Street  
Suite 4300

City State Zip Code  
Houston TX 77002-4004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03126

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Joe M. Rogers, Sr.

Mailing Address 937 Highway 7 N.

City State Zip Code  
Camden AR 71701-8705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03127

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John E. Rogers

Mailing Address 55 Westy Monroe  
Apartment 2400

City State Zip Code  
Chicago FL 60603-1202

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alzheimer & Gray Attorney

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03128

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1050 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Patricia Rogers         | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|   | Mailing Address 1200 N. Montesano Street<br>P.O. Box 1407              | <b>Transaction ID:</b> 2009M04L11ai03129            |
|   | City State Zip Code<br>Westport WA 98595-1407                          | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Roberta F. Rogers       | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Mailing Address 14515 W. Granite Valley Drive<br>Apartment E567        | <b>Transaction ID:</b> 2009M04L11ai03130            |
|   | City State Zip Code<br>Sun City West AZ 85375-6024                     | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Homemaker Homemaker                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                     |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Sidney D. Rogers        | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|   | Mailing Address 420 N. Hayfield Road                                   | <b>Transaction ID:</b> 2009M04L11ai03131            |
|   | City State Zip Code<br>Winchester VA 22603-3426                        | Amount of Each Receipt this Period<br>120.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                                     |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>320.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1051 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Sidney D. Rogers        | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|   | Mailing Address 420 N. Hayfield Road                                   | <b>Transaction ID:</b> 2009M04L11ai03132            |
|   | City State Zip Code<br>Winchester VA 22603-3426                        | Amount of Each Receipt this Period<br>120.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Self-Employed Self-Employed             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>360.00                                     |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. William A. Rogers, III | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 2400 South Ocean Drive<br>Apartment 4100D                    | <b>Transaction ID:</b> 2009M04L11ai03133            |
|   | City State Zip Code<br>Ft. Pierce FL 34949                                   | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>       |   |
|   | Name of Employer Occupation<br>Retired Retired                               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00  |   |

|   |  |   |
|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Don Rogert              | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 26515 Blondo Court                                     | <b>Transaction ID:</b> 2009M04L11ai03134            |
|   | City State Zip Code<br>Waterloo NE 68069-6221                          | Amount of Each Receipt this Period<br>200.00        |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |   |
|   | Name of Employer Occupation<br>Retired Retired                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                                     |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1320.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1052 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas Rohde

Mailing Address 19 Emerald Drive

City Throop State PA Zip Code 18512-3351

FEC ID number of contributing federal political committee. **C**

Name of Employer Wyoming Valley Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11ai03135  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Beth Rohr

Mailing Address 6650 East Ida Avenue

City Greenwood Village State CO Zip Code 80111-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai03136  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank H. Roland

Mailing Address 26 Boyds Landing

City Okatie State SC Zip Code 29909-7004

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai03137  
 Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1053 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Jean E. Rolles

Mailing Address 3087 La Pietra Circle  
Apartment 21

City Honolulu State HI Zip Code 96815-4736

FEC ID number of contributing federal political committee. **C**

Name of Employer Outrigger Enterprises, Inc.  
Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009  
Transaction ID: 2009M04L11ai03138  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Sarah W. Rollins

Mailing Address 65 Ruggles Lane

City Milton State MA Zip Code 02186-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03139  
Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Roltgen

Mailing Address 1829 Field Cliffe Drive

City Richfield State WI Zip Code 53076-9646

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested  
Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03140  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1054 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Sal Romano

Mailing Address 750-41B Lido Blvd

City State Zip Code  
Lido Beach NY 11561-5297

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
R and R Restaraunts Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03141

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Lois S. Roon

Mailing Address 1040 Genter Street  
Unit 304

City State Zip Code  
La Jolla CA 92037-5551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03142

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Rosado

Mailing Address 10328 Amaro Court

City State Zip Code  
San Diego CA 92124-1215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tea Systems Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03143

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1055 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bufford Rose

Mailing Address 7 Stacy Street

City State Zip Code  
Harold KY 41635-7031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rose Builders Carpenter / Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai03144

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Katy E. Rose

Mailing Address 3027 S. Hill Road

City State Zip Code  
Milford MI 48381-3520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Epc Svp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03145

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul W. Rose

Mailing Address 1917 Solo Road

City State Zip Code  
Covington TN 38019-4765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rose Construction Building Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03146

Amount of Each Receipt this Period  
205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1056 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Vincent J. Rose      | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 100 Dandelion Lane                                  | <b>Transaction ID:</b> 2009M04L11ai03147            |
|   | City State Zip Code<br>Marquette MI 49855-9387                      | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Employee Benefits Agency, Inc.  | Occupation<br>President   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jack C. Rosenau      | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |
|   | Mailing Address 1177 Old Fort Drive                                 | <b>Transaction ID:</b> 2009M04L11ai03148            |
|   | City State Zip Code<br>Tallahassee FL 32301-4663                    | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Retired   | Occupation<br>Retired   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jack C. Rosenau      | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|   | Mailing Address 1177 Old Fort Drive                                 | <b>Transaction ID:</b> 2009M04L11ai03149            |
|   | City State Zip Code<br>Tallahassee FL 32301-4663                    | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Retired   | Occupation<br>Retired   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>650.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1057 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Richard & Sara Rosene

Mailing Address P.O. Box 801

City State Zip Code  
Kremmling CO 80459-0801

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Government Occupation Forester

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03150

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lea R. Rosenfeld

Mailing Address 633 N. Sweetzer Avenue

City State Zip Code  
West Hollywood CA 90048-2121

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03151

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Rosensteel

Mailing Address 1101 Horseshoe Drive

City State Zip Code  
Greensboro GA 30642-4842

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03152

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1058 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judy N. Ross

Mailing Address 800 Pendleton Drive

City Salem State VA Zip Code 24153-2662

FEC ID number of contributing federal political committee. **C**

Name of Employer Layman Candy Company, Inc. Occupation Secretary/Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03153  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marvin A. Ross

Mailing Address 1035 Pine Drive

City West Chester State PA Zip Code 19380-1579

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03154  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Dois I. Rosser, Jr.

Mailing Address 4018 Chesapeake Avenue

City Hampton State VA Zip Code 23669-4632

FEC ID number of contributing federal political committee. **C**

Name of Employer Pomoco Group Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2009  
Transaction ID: 2009M04L11ai03155  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1059 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                     |   |                                    |
|---|--|-------------------------------------|---|------------------------------------|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mary Jo Rosson          |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |                                    |
|   | Mailing Address P.O. Box 483   |                                     | <b>Transaction ID:</b> 2009M04L11ai03156            |                                    |
|   | City   | State                               | Zip Code  | Amount of Each Receipt this Period |
|   | Calhoun  | GA                                  | 30703-0483  | 110.00                             |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                     |   |                                    |
| Name of Employer<br>Retired   |  | Occupation<br>Retired               |   |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1110.00 |   |                                    |

|   |  |                                    |   |                                    |
|---|--|------------------------------------|---|------------------------------------|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Joey Rothman                |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |                                    |
|   | Mailing Address 7820 Inverness Blvd. E #405                            |                                    | <b>Transaction ID:</b> 2009M04L11ai03157            |                                    |
|   | City   | State                              | Zip Code  | Amount of Each Receipt this Period |
|   | Englewood  | CO                                 | 80112-5716  | 250.00                             |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |                                    |
| Name of Employer<br>Cherry Hills Community Church   |  | Occupation<br>Production Assistant |   |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |                                    |

|   |  |                                    |   |                                    |
|---|--|------------------------------------|---|------------------------------------|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charley H. Rougeau      |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |                                    |
|   | Mailing Address 307 Tanglewood Drive                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai03158            |                                    |
|   | City   | State                              | Zip Code  | Amount of Each Receipt this Period |
|   | Alexandria   | LA                                 | 71303-3350  | 130.00                             |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |                                    |
| Name of Employer<br>Med South, L.L.C  |  | Occupation<br>General Manager      |   |                                    |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>260.00 |   |                                    |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 490.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1060 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald T. Roundtree

Mailing Address 210 Trace Colony Park Drive

City State Zip Code  
Ridgeland MS 39157-2864

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03159

Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald T. Roundtree

Mailing Address 210 Trace Colony Park Drive

City State Zip Code  
Ridgeland MS 39157-2864

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03160

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Rouse

Mailing Address 75 East Maple Road

City State Zip Code  
Greenlawn NY 11740-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Peerless Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03161

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1061 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Norman W. Rousselot

Mailing Address 126 Edgemont Road

City State Zip Code  
Sonora TX 76950-6607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03162

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Norman W. Rousselot

Mailing Address 126 Edgemont Road

City State Zip Code  
Sonora TX 76950-6607

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03163

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce Rowe

Mailing Address 540 Kelly Drive

City State Zip Code  
Barstow CA 92311-2917

FEC ID number of contributing federal political committee. **C**

Name of Employer M.C.L.B. Barstow Occupation Mechanic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03164

Amount of Each Receipt this Period  
400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1062 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ray C. Rowe

Mailing Address 2618 Habersham Avenue

City Columbus State GA Zip Code 31906-1353

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai03165

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Linda Rowland

Mailing Address 4521 E. Desert Cove Avenue

City Phoenix State AZ Zip Code 85028-3026

FEC ID number of contributing federal political committee. **C**

Name of Employer Rowland Companies Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 03 / 2009

Transaction ID: 2009M04L11ai03166

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Janice Rubel

Mailing Address 2000 S. Bayshore Drive  
Apartment 68

City Miami State FL Zip Code 33133-3252

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 03 / 24 / 2009

Transaction ID: 2009M04L11ai03167

Amount of Each Receipt this Period 450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1063 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Paul & Joan Rubschlager

Mailing Address 800 N. Michigan Avenue  
Apartment 3002

City Chicago State IL Zip Code 60611-2153

FEC ID number of contributing federal political committee. **C**

Name of Employer Rubschlager Baking Corporation Occupation Bakery Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03168  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms Ella Louise Rucker

Mailing Address 3712 Heath Street

City Greensboro State NC Zip Code 27401-4645

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai03169  
Amount of Each Receipt this Period: 60.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Ella Louise Rucker

Mailing Address 3712 Heath Street

City Greensboro State NC Zip Code 27401-4645

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03170  
Amount of Each Receipt this Period: 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **620.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1064 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Wayne Rudd

Mailing Address 52 Flying Fish Road

City State Zip Code  
Carbondale CO 81623-9566

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03171

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. G. W. Rudick

Mailing Address 300 Galbear Road

City State Zip Code  
Lafayette LA 70506-1808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 505.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03172

Amount of Each Receipt this Period  
505.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David Rudolph

Mailing Address 8319 E. Calle De Alegria

City State Zip Code  
Scottsdale AZ 85255-4226

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03173

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

975.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1065 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tracy T. Rudolph  
Mailing Address P.O. Box 70

City State Zip Code  
Ellinger TX 78938-0070

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2009  
Transaction ID: 2009M04L11ai03174  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Troy Rudolph  
Mailing Address 3506 Arrowhead Drive

City State Zip Code  
Austin TX 78731-4802

FEC ID number of contributing federal political committee. **C**

Name of Employer Ca Occupation Software Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 16 / 2009  
Transaction ID: 2009M04L11ai03175  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Ruebel  
Mailing Address 11152 Aurora Avenue

City State Zip Code  
Urbandale IA 50322-7903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 25 / 2009  
Transaction ID: 2009M04L11ai03176  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1066 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gary L. Ruebel

Mailing Address 11152 Aurora Avenue

City State Zip Code  
Urbandale IA 50322-7903

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03177

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Steven A. Ruether

Mailing Address 2730 Colby Street

City State Zip Code  
Sweden NY 14420-9766

FEC ID number of contributing federal political committee. **C**

Name of Employer Bell Corporation Occupation Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03178

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Moore Ruffin

Mailing Address 1707 Jarvis Street

City State Zip Code  
Raleigh NC 27608-2236

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03179

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1067 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles A. Ruhl, Sr.  
Mailing Address 106 Bechtel Road

City State Zip Code  
**Bettendorf IA 52722-4613**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 17 / 2009**

**Transaction ID: 2009M04L11ai03180**

Amount of Each Receipt this Period  
**150.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. John R. Ruhl  
Mailing Address 1 Holly Hill Road

City State Zip Code  
**Asheville NC 28803-3114**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steelcase Ret.

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03181**

Amount of Each Receipt this Period  
**100.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward T. Rule  
Mailing Address 8344 242Nd Street

City State Zip Code  
**Bellerose NY 11426-1318**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 06 / 2009**

**Transaction ID: 2009M04L11ai03182**

Amount of Each Receipt this Period  
**180.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **430.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1068 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Christopher S. Rumana

Mailing Address 2894 N Hannon Hill Dr.

City State Zip Code  
Tallahassee FL 32309-8942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Baylor Coll. Of Med. Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03183

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gene W. Rummel

Mailing Address 2824B Marquette Manor West Dr.

City State Zip Code  
Indianapolis IN 46268-3815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03184

Amount of Each Receipt this Period  
750.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Caroline Geiler Rush

Mailing Address 26 Faulkner Court

City State Zip Code  
Ventura CA 93003-5510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wiggins Lift Receptionist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03185

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1150.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1069 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. June A. Russel-Glennon

Mailing Address 5191 E. Lakeside Drive

City State Zip Code  
Palm Springs CA 92264-5912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03186

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. David S. Russell

Mailing Address 2113 Wilshire Drive

City State Zip Code  
Enid OK 73703-6622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03187

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John P. Russell

Mailing Address P.O. Box 117

City State Zip Code  
Mill Creek WV 26280-0117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03188

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) .....

670.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1070 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John P. Russell

Mailing Address P.O. Box 117

City State Zip Code  
Mill Creek WV 26280-0117

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03189

Amount of Each Receipt this Period  
70.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Warren Russell

Mailing Address 8 Pegan Lane  
P.O. Box 638

City State Zip Code  
Dover MA 02030-0638

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03190

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Jack Russi

Mailing Address 35 Grove Creek Court

City State Zip Code  
Lafayette CA 94549-2200

FEC ID number of contributing federal political committee. **C**

Name of Employer Deloitte & Touche Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03191

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5320.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1071 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William H. Rutledge, Jr.  
Mailing Address 20813 N. 152Nd Drive

City State Zip Code  
Sun City West AZ 85375-6519

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009  
Transaction ID: 2009M04L11ai03192  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Ryan  
Mailing Address 4 Arden Place

City State Zip Code  
New City NY 10956-2811

FEC ID number of contributing federal political committee. **C**

Name of Employer Rolex Watch Usa, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009  
Transaction ID: 2009M04L11ai03193  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Kim Ryan  
Mailing Address 1015 Ne Bryant Court

City State Zip Code  
Lees Summit MO 64086-3536

FEC ID number of contributing federal political committee. **C**

Name of Employer Metcraft Industries Occupation Small Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009  
Transaction ID: 2009M04L11ai03194  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1072 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Kim Ryan

Mailing Address 1015 Ne Bryant Court

City Lees Summit State MO Zip Code 64086-3536

FEC ID number of contributing federal political committee. **C**

Name of Employer Metcraft Industries Occupation Small Business Owner

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03195  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wayne Ryan

Mailing Address 1606 S. 187Th Circle

City Omaha State NE Zip Code 68130-2809

FEC ID number of contributing federal political committee. **C**

Name of Employer Streck, Inc Occupation Chairman

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03196  
 Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Ryder

Mailing Address 3 Buckhorn Road

City Jackson Springs State NC Zip Code 27281-9752

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai03197  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1073 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ryan S

Mailing Address P.O. Box 237

City

Somerset

State

WI

Zip Code

54025-0237

FEC ID number of contributing federal political committee.

C

Name of Employer  
School District Of Somers-  
et

Occupation

Information Technology Manager

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03198

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Alfred N. Sacha

Mailing Address 213 N. Talcott Rd.

City

Park Ridge

State

IL

Zip Code

60068-2324

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self Employed

Occupation

Lawyer

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03199

Amount of Each Receipt this Period

825.00

**C.**

Full Name (Last, First, Middle Initial)

Father J. Andrew Sack

Mailing Address 1913 Roanoke Avenue

City

Louisville

State

KY

Zip Code

40205-1415

FEC ID number of contributing federal political committee.

C

Name of Employer  
Saint Michael & All Angels  
Church

Occupation

Priest

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03200

Amount of Each Receipt this Period

55.00

**SUBTOTAL** of Receipts This Page (optional) .....

980.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1074 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jean Sagouspe

Mailing Address 259 I Street

City State Zip Code  
**Los Banos CA 93635-4114**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03201**

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Sheryl Sahr

Mailing Address 400 Walnut Street #701

City State Zip Code  
**Des Moines IA 50309-2393**

FEC ID number of contributing federal political committee. **C**

Name of Employer The Iowa Clinic Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt **03 / 02 / 2009**

**Transaction ID: 2009M04L11ai03202**

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Ramona Saldamando

Mailing Address 123 W. 92Nd Street

City State Zip Code  
**New York NY 10025-7577**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt **03 / 25 / 2009**

**Transaction ID: 2009M04L11ai03203**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1075 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark L Salhaney

Mailing Address 4500 Cascade Rd. Suite 107

City State Zip Code  
Grand Rapids MI 49546

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Dentistry

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03204

Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Alex Salley

Mailing Address P.O. Box 997

City State Zip Code  
Saluda NC 28773-0997

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03205

Amount of Each Receipt this Period 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Salmon

Mailing Address 12720 Hillcrest Rd

City State Zip Code  
Dallas TX 75230-2035

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03206

Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1076 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Oleta Salopek

Mailing Address 4915 Snow Road

City State Zip Code  
Las Cruces NM 88005-4222

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03207

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory I. Salsbury

Mailing Address 2465 W. La Palma Avenue

City State Zip Code  
Anaheim CA 92801-2610

FEC ID number of contributing federal political committee. **C**

Name of Employer Salsbury Engineering Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03208

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Josephine Saltzman

Mailing Address 3004 Minnetonka Drive

City State Zip Code  
Cedar Falls IA 50613-1538

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03209

Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1077 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Josephine Saltzman

Mailing Address 3004 Minnetonka Drive

City State Zip Code  
Cedar Falls IA 50613-1538

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03210

Amount of Each Receipt this Period  
80.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Walter A. Salvas

Mailing Address 833 Wolcott Avenue

City State Zip Code  
Beacon NY 12508-4257

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03211

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Erasmus J. Salveti

Mailing Address 17103 67Th Avenue

City State Zip Code  
Fresh Meadows NY 11365-2001

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03212

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1078 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert E. Sams

Mailing Address 300 E. 3Rd Street  
Suite 1

City Atlantic State IA Zip Code 50022-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03213

Amount of Each Receipt this Period  
55.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert E. Sams

Mailing Address 300 E. 3Rd Street  
Suite 1

City Atlantic State IA Zip Code 50022-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03214

Amount of Each Receipt this Period  
55.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael & Claudia H. Sander

Mailing Address 2702 S Westgate Dr

City Weslaco State TX Zip Code 78596-4068

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03215

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1079 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David L. Sanders

Mailing Address 21543 Elm Hurst Lane

City State Zip Code  
Katy TX 77450-5519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unemployed Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2250.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai03216  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kent B. Sanders

Mailing Address P.O. Box 31

City State Zip Code  
Gunnison UT 84634-0031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Telephone President / Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai03217  
Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Tammy Flynn Sanford

Mailing Address 15314 Philippine Street

City State Zip Code  
Houston TX 77040-1347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Installations & Design Group Business Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03218  
Amount of Each Receipt this Period: 305.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1080 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John M. Sansom

Mailing Address 9455 Pensacola Blvd.  
Suite B.

City Pensacola State FL Zip Code 32534-1237

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03219

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Cynthia Santomarco

Mailing Address 49 Shadow Creek Circle

City Palos Heights State IL Zip Code 60463-3168

FEC ID number of contributing federal political committee. **C**

Name of Employer Concept Leasing Occupation Office Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03220

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Manuel Santos

Mailing Address 289 Stevans Avenue

City Southamboy State NJ Zip Code 08879-2541

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03221

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1081 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Manuel Santos

Mailing Address 289 Stevans Avenue

City State Zip Code  
Southamboy NJ 08879-2541

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03222

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Don R. Santschi

Mailing Address 1922 Saint Clair Drive

City State Zip Code  
Pekin IL 61554-6335

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03223

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Tom Sarmiento

Mailing Address 6767 Stanley Avenue

City State Zip Code  
Carmichael CA 95608-3953

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai03224

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1082 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John T. Sasso

Mailing Address P.O. Box 577

City State Zip Code  
Gwynedd Valley PA 19437-0577

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03225

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Miss Alice F. Saunders

Mailing Address 1 Skyline Drive  
Apartment 3410

City State Zip Code  
Medford OR 97504-2501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03226

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Saunders

Mailing Address 765 Market Street  
Apartment 24D

City State Zip Code  
San Francisco CA 94103-2037

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fleet Financial Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03227

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1083 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George Saunderson

Mailing Address 208 N. Us Highway 1  
Suite 2

City State Zip Code  
Tequesta FL 33469-2786

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03228

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Philip A Saur

Mailing Address 9890 Laubach Ave. Nw  
P.O. Box 111

City State Zip Code  
Sparta MI 49345-0111

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Apple Grower, Real Estate Deve

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03229

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Edwin M. Savage

Mailing Address 1621 Gulf Blvd.  
Apartment 1601

City State Zip Code  
Clearwater FL 33767-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03230

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) .....

375.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1084 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edwin M. Savage

Mailing Address 1621 Gulf Blvd.  
Apartment 1601

City Clearwater State FL Zip Code 33767-2966

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03231

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. La Rae T. Savage

Mailing Address 9093 Canyon Heights Drive

City Cedar Hills State UT Zip Code 84062-8779

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03232

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Gloria Saville

Mailing Address 700 Washington Street

City Cumberland State MD Zip Code 21502-2713

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03233

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1085 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Daniel Sawicki  
Mailing Address P.O. Box 1667  
City Linden State NJ Zip Code 07036-0007  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wessex, L.L.C. Occupation Real Estate Investor/Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 248.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03234  
Amount of Each Receipt this Period 248.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Marshall Sawyer  
Mailing Address H. C. 32 Box 590  
City Quemado State NM Zip Code 87829-9609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 18 / 2009  
Transaction ID: 2009M04L11ai03235  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony J. Scala  
Mailing Address 4401 Theall Road  
City Rye State NY Zip Code 10580-1480  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai03236  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 898.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1086 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Leslie Scales

Mailing Address 2905 River Road Extended

City Greenwood State MS Zip Code 38930

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai03237

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Schaefer

Mailing Address P.O. Box 400

City Holliday State TX Zip Code 76366-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai03238

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Nelson Schaenen, Jr.

Mailing Address 56 Midwood Terrace

City Madison State NJ Zip Code 07940-2735

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai03239

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1087 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth F. Schafer

Mailing Address 736 Crescent Road

City State Zip Code  
Jackson MI 49203-3965

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03240

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Susan Schalon

Mailing Address 5694 Forest Glen Drive S.E.

City State Zip Code  
Ada MI 49301-9111

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03241

Amount of Each Receipt this Period  
225.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Schappert, Sr.

Mailing Address 1224 Forest Parkway  
P.O. Box 479

City State Zip Code  
Paulsboro NJ 08066-0479

FEC ID number of contributing federal political committee. **C**

Name of Employer H.P.S., Inc. Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03242

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1725.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1088 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Schappert, Sr.  
 Mailing Address 1224 Forest Parkway  
P.O. Box 479  
 City Paulsboro State NJ Zip Code 08066-0479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H.P.S., Inc. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00  
 Date of Receipt 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai03243  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles G. Schappert, Sr.  
 Mailing Address 1224 Forest Parkway  
P.O. Box 479  
 City Paulsboro State NJ Zip Code 08066-0479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer H.P.S., Inc. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00  
 Date of Receipt 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai03244  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Walter Edward Scheetz  
 Mailing Address 218 Clapboard Ridge Road  
 City Greenwich State CT Zip Code 06831-3352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Scheetz Group Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00  
 Date of Receipt 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai03245  
 Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1089 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Missie Scheffman

Mailing Address 4226 E. Pontatoc Dr.

City Tucson State AZ Zip Code 85718-6153

FEC ID number of contributing federal political committee. **C**

Name of Employer Genentech, USA Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai03246  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David Scheibner

Mailing Address 7211 Tessa Lakes Ct.

City Sugar Land State TX Zip Code 77479-5628

FEC ID number of contributing federal political committee. **C**

Name of Employer S.P.C. Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03247  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry F. Scheig

Mailing Address 12600 N. Port Washington Road  
Apartment 1311

City Mequon State WI Zip Code 53092-3472

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 17 / 2009  
**Transaction ID:** 2009M04L11ai03248  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1090 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City Saco State ME Zip Code 04072-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai03249  
 Amount of Each Receipt this Period: 40.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City Saco State ME Zip Code 04072-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID:** 2009M04L11ai03250  
 Amount of Each Receipt this Period: 20.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Florence Z. Schell

Mailing Address 46 Plymouth Drive

City Saco State ME Zip Code 04072-1734

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai03251  
 Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1091 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Florence Z. Schell  | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|           | Mailing Address 46 Plymouth Drive   | <b>Transaction ID:</b> 2009M04L11ai03252            |
|           | City State Zip Code<br>Saco ME 04072-1734   | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>215.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Daniel Scherdt  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 2023 Alta Loma St  | <b>Transaction ID:</b> 2009M04L11ai03253            |
|           | City State Zip Code<br>Davis CA 95616-0713   | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer USAF<br>Occupation Officer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00                  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. George F. Scherer   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 606 Loughmor Pass  | <b>Transaction ID:</b> 2009M04L11ai03254            |
|           | City State Zip Code<br>Saint Charles MO 63304-0504   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Mc Carthy Building Company<br>Occupation Chief Financial Officer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1125.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1092 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Catharine H. Schieferstein

Mailing Address 1907 Bernville Road

City State Zip Code  
Reading PA 19601-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03255

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kurt A. Schiessel

Mailing Address 1755 W. Malvern Avenue  
Apartment 7

City State Zip Code  
Fullerton CA 92833-2440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 410.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03256

Amount of Each Receipt this Period  
110.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gerrit Schipper

Mailing Address 2344 Dixon Road

City State Zip Code  
Frederick MD 21704-8131

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03257

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

560.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1093 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry C Schleinat  
 Mailing Address 2228 Hollyhill Drive  
 City State Zip Code  
 Denton TX 76205-8274  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai03258  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Integrated Services, Inc. Information Technology Consult  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Ina I. Schlichtmann  
 Mailing Address 507 3Rd Street S.E.  
 Apartment 6  
 City State Zip Code  
 Hillsboro ND 58045-0448  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03259  
 Amount of Each Receipt this Period  
 25.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Retired Retired  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Schlief  
 Mailing Address 5773 Woodway Drive  
 # 800  
 City State Zip Code  
 Houston TX 77057-1501  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2009  
**Transaction ID:** 2009M04L11ai03260  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1094 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Paul G. Schloemer

Mailing Address 7 Hermitage Lane

City State Zip Code  
Newport Beach CA 92660-5213

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03261

Amount of Each Receipt this Period  
220.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew F. Schmidt

Mailing Address P.O. Box 1177

City State Zip Code  
Gulf Breeze FL 32562-1177

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03262

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Andrew F. Schmidt

Mailing Address P.O. Box 1177

City State Zip Code  
Gulf Breeze FL 32562-1177

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03263

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1095 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Clemens Edward Schmidt

Mailing Address 1755 Cape Coral Parkway E.  
Apartment 116

City State Zip Code  
Cape Coral FL 33904-9683

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03264

Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Gladys Schmidt

Mailing Address 3125 Smith Road  
Apartment 616

City State Zip Code  
Fairlawn OH 44333-2677

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03265

Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Linda A Schmidt

Mailing Address 443 Fox Ln

City State Zip Code  
Fredericksburg TX 78624-7236

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03266

Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1096 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Roger & Nancy Schmidt

Mailing Address 4903 Trailwood Drive

City Greensboro State NC Zip Code 27407-8241

FEC ID number of contributing federal political committee. **C**

Name of Employer Kflex, U. S. A. Occupation Technical Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai03267  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Stacey Schmidt

Mailing Address 21307 Promontory Circle

City San Antonio State TX Zip Code 78258-2551

FEC ID number of contributing federal political committee. **C**

Name of Employer Uthscsa/Ncb Hospital Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03268  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theodore Schmidt

Mailing Address 2115 Connor Park Cove

City Salt Lake City State UT Zip Code 84109-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: 2009M04L11ai03269  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1097 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Col. & Mrs William P. Schneider

Mailing Address 20484 Langley Drive

City State Zip Code  
Sterling VA 20165-3569

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03270

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Marilyn A. Schnuck

Mailing Address 131 Linden Avenue

City State Zip Code  
Clayton MO 63105-3839

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03271

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ferd P. Schoedinger, Jr.

Mailing Address 387 N. Drexel Avenue

City State Zip Code  
Columbus OH 43209-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03272

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1098 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Joan Schonholtz

Mailing Address 32 Beman Woods Court

City State Zip Code  
Potomac MD 20854-5481

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03273

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynn-Anne M. Schow

Mailing Address 75 High Street

City State Zip Code  
Newburyport MA 01950-3071

FEC ID number of contributing federal political committee. **C**

Name of Employer Timmons Advisors Occupation Lawyer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03274

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Maj. Lawrence L. Schrank, U.S.A. (Re

Mailing Address 7081 FM 932

City State Zip Code  
Hamilton TX 76531-3163

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03275

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1099 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Maj. Lawrence L. Schrank, U.S.A. (Re)  
Mailing Address 7081 FM 932

City State Zip Code  
Hamilton TX 76531-3163

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai03276

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Maj. Lawrence L. Schrank, U.S.A. (Re)  
Mailing Address 7081 FM 932

City State Zip Code  
Hamilton TX 76531-3163

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03277

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Terri Schraudenbach  
Mailing Address 2545 Sugarloaf Club Drive

City State Zip Code  
Duluth GA 30097-7406

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03278

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1100 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Mary Beth Schrenk   | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|   | Mailing Address 430 Hackmann Lane                                   | <b>Transaction ID:</b> 2009M04L11ai03279            |
|   | City State Zip Code<br>Creve Coeur MO 63141-6904                    | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Eye Consultants Of St. Louis  | Occupation<br>Administrative Assistant                              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Kenneth Schroeder    | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |
|   | Mailing Address 3500 Forest Edge Drive #2C                          | <b>Transaction ID:</b> 2009M04L11ai03280            |
|   | City State Zip Code<br>Silver Spring MD 20906-1508                  | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Retired   | Occupation<br>Retired   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>251.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>M J Schroeder            | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 3743 Georgetown                                     | <b>Transaction ID:</b> 2009M04L11ai03281            |
|   | City State Zip Code<br>Houston TX 77005-2821                        | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Ret.  | Occupation<br>Ret.  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>700.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1101 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles W. Schudt

Mailing Address 900 N. Taylor Street  
Apartment 1426

City State Zip Code  
Arlington VA 22203-1873

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03282

Amount of Each Receipt this Period

60.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Charles W. Schudt

Mailing Address 900 N. Taylor Street  
Apartment 1426

City State Zip Code  
Arlington VA 22203-1873

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 355.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03283

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard E. Schue

Mailing Address 5271 Comanche Tr

City State Zip Code  
Carmel IN 46033-8852

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03284

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

420.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1102 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Margaret Schuh

Mailing Address 3348 Blossom Lane

City State Zip Code  
North Tonawanda NY 14120-1272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 0 9

Transaction ID: 2009M04L11ai03285

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Phyllis R. Schulke

Mailing Address 1963 Ocean Ridge Circle

City State Zip Code  
Vero Beach FL 32963-2731

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai03286

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Roy Schulte

Mailing Address 56 Buttonball Lane

City State Zip Code  
Madison CT 06443-2445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gartner, Inc. Computer Analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03287

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

400.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1103 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Roy Schulte

Mailing Address 56 Buttonball Lane

City Madison State CT Zip Code 06443-2445

FEC ID number of contributing federal political committee. **C**

Name of Employer Gartner, Inc. Occupation Computer Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai03288

Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gary J. Schultz

Mailing Address 1108 W. Powderhorn Road

City Mechanicsburg State PA Zip Code 17050-2006

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2009

Transaction ID: 2009M04L11ai03289

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Mary Barbara Schultz

Mailing Address 50 Bow Air Center #200

City Greenbrae State CA Zip Code 94904-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai03290

Amount of Each Receipt this Period 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1104 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Russell D. Schultz

Mailing Address P.O. Box 380

City State Zip Code  
Michigan IN 46057-0380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03291

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Russell D. Schultz

Mailing Address P.O. Box 380

City State Zip Code  
Michigan IN 46057-0380

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03292

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Yvonne Schultz

Mailing Address 420 Lincoln Avenue

City State Zip Code  
Minot ND 58703-2216

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03293

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 880.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1105 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Harry Richard Schumacher  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 47 E. 88Th Street<br>Apartment 14A  | <b>Transaction ID:</b> 2009M04L11ai03294            |
|           | City New York State NY Zip Code 10128-1152  | Amount of Each Receipt this Period<br>25.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Harry Richard Schumacher  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 47 E. 88Th Street<br>Apartment 14A  | <b>Transaction ID:</b> 2009M04L11ai03295            |
|           | City New York State NY Zip Code 10128-1152  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Christa Schutz  | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 1 Renaissance Square<br>Unit 16E  | <b>Transaction ID:</b> 2009M04L11ai03296            |
|           | City White Plains State NY Zip Code 10601-3030  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 280.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>175.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1106 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard W. Schuur

Mailing Address 13120 Nimrod Place

City State Zip Code  
Los Angeles CA 90049-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03297

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. A. Duane Schwartz

Mailing Address 204 Clydesdale Trace

City State Zip Code  
Louisville KY 40223-3376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03298

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Lydia Ann Schwartz

Mailing Address P.O. Box 1524

City State Zip Code  
Sedona AZ 86339-6633

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03299

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) .....

285.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1107 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Madeleine Y. Schwartz

Mailing Address 8440 Beacon Hill Road

City State Zip Code  
Cincinnati OH 45243-4202

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03300

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Pamela Schwer

Mailing Address P.O. Box 127

City State Zip Code  
Kingwood WV 26537-0127

FEC ID number of contributing federal political committee. **C**

Name of Employer Maloney & Associates, P.L.-L.C. Occupation Certified Public Accountant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03301

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. C. Ron Schwisow

Mailing Address 806 Palomino

City State Zip Code  
Midland TX 79705-1811

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03302

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **900.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1108 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas L. Scoopmire

Mailing Address P.O. Box 30243

City State Zip Code  
Greenville NC 27833-0243

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03303

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas L. Scoopmire

Mailing Address P.O. Box 30243

City State Zip Code  
Greenville NC 27833-0243

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03304

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Hon Gerald W. Scott

Mailing Address P.O. Box 4915

City State Zip Code  
Buena Vista CO 81211-4915

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03305

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1109 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Maymo Scott

Mailing Address P.O. Box 434

City State Zip Code  
Centerville UT 84014-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer Library Occupation Process Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03306

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Maymo Scott

Mailing Address P.O. Box 434

City State Zip Code  
Centerville UT 84014-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer Library Occupation Process Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03307

Amount of Each Receipt this Period  
40.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Maymo Scott

Mailing Address P.O. Box 434

City State Zip Code  
Centerville UT 84014-1335

FEC ID number of contributing federal political committee. **C**

Name of Employer Library Occupation Process Clerk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03308

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **80.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1110 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Maymo Scott

Mailing Address P.O. Box 434

City State Zip Code  
**Centerville UT 84014-1335**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Library Process Clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **215.00**

Date of Receipt **03 / 13 / 2009**

**Transaction ID: 2009M04L11ai03309**

Amount of Each Receipt this Period **30.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. John A. Scotti

Mailing Address 2180 Clairmont Drive

City State Zip Code  
**Pittsburgh PA 15241-3246**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 17 / 2009**

**Transaction ID: 2009M04L11ai03310**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ray Screbant

Mailing Address 81 Bell Canyon Road

City State Zip Code  
**Bell Canyon CA 91307-1104**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **03 / 20 / 2009**

**Transaction ID: 2009M04L11ai03311**

Amount of Each Receipt this Period **275.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **555.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1111 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Charles Scullin

Mailing Address 3461 Loadstone Dr.

City Sherman Oaks State CA Zip Code 91403-4513

FEC ID number of contributing federal political committee. **C**

Name of Employer Delphi Business Properties, Inc. Occupation Real Estate Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03312

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William P. Scully

Mailing Address 771 Manatee Cove

City Vero Beach State FL Zip Code 32963-3730

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03313

Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dick & Carolyn Seaberg

Mailing Address 1424 Via Zumaya

City Palos Verdes Estat State CA Zip Code 90274-2824

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03314

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1112 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Seale, Jr.  
Mailing Address 6627 Wanita Place

City State Zip Code  
Houston TX 77007-2034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Liskow & Lewis Attorney

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03315

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. W. H. Seaman  
Mailing Address 7328 Forbes Avenue

City State Zip Code  
Van Nuys CA 91406-2737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03316

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel Segina  
Mailing Address 303 Lansing Island Drive

City State Zip Code  
Satellite Beach FL 32937-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Health First Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03317

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1113 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard M. Seibert

Mailing Address 919 Sunnyside Avenue

City State Zip Code  
Reading PA 19610-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03318

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Richard M. Seibert

Mailing Address 919 Sunnyside Avenue

City State Zip Code  
Reading PA 19610-2245

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03319

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Arnold J. Seidule

Mailing Address 410 Oak Drive

City State Zip Code  
Lake Jackson TX 77566-4217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03320

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1114 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Harry J. Sellers

Mailing Address 3613 Cromwell Drive

City State Zip Code  
Hephzibah GA 30815-6210

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03321

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Chris Seltsam

Mailing Address 2004 Blackhorse Ln.

City State Zip Code  
Lexington KY 40503-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Cmt Pizza Partners Occupation Restaurant Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03322

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Thomas Semler

Mailing Address 4104 Rolling Knolls Drive

City State Zip Code  
Allen TX 75002-2752

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03323

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1115 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. F. Joseph Sensenbrenner | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Mailing Address 1537 Lyon Drive<br>Apartment A5                        | <b>Transaction ID:</b> 2009M04L11ai03324            |
|   | City Neenah State WI Zip Code 54956-4274                               | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b>    |   |
|   | Name of Employer Retired Occupation Retired                            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>6000.00                                    |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Gail F. Sermersheim  | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|   | Mailing Address 5130 Falcon Chase Lane                              | <b>Transaction ID:</b> 2009M04L11ai03325            |
|   | City Atlanta State GA Zip Code 30342-2154                           | Amount of Each Receipt this Period<br>225.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
|   | Name of Employer Requested Occupation Requested                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Scott Serovy         | Date of Receipt<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Mailing Address 9415 E. Hillery Way                                 | <b>Transaction ID:</b> 2009M04L11ai03326            |
|   | City Scottsdale State AZ Zip Code 85260-2017                        | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
|   | Name of Employer Nestle, U. S. A. Occupation Sales Management       |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>375.00                                  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1475.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1116 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Scott Serovy         |                                    | Date of Receipt                         |  |
|   | Mailing Address 9415 E. Hillery Way                                 |                                    | M M / D D / Y Y Y Y Y<br>03 / 11 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03327 |
|   | Scottsdale  | AZ                                 | 85260-2017                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 125.00                                  |  |
| Name of Employer<br>Nestle, U. S. A.  |   | Occupation<br>Sales Management     |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>375.00 |   |  |

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Kathleen Servidea        |                                    | Date of Receipt                         |  |
|   | Mailing Address 14 Point O'Woods Road South                         |                                    | M M / D D / Y Y Y Y Y<br>03 / 30 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03328 |
|   | Darien  | CT                                 | 06820                                   | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 250.00                                  |  |
| Name of Employer<br>Partnerre Capital Markets Corp  |   | Occupation<br>Attorney             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ray Settle           |                                    | Date of Receipt                         |  |
|   | Mailing Address 111 Industry Pkwy.                                  |                                    | M M / D D / Y Y Y Y Y<br>03 / 11 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03329 |
|   | Nicholasville   | KY                                 | 40356-9114                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 500.00                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 875.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1117 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Kevin Severson   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 330 Marshall Street<br>Suite 1420   | <b>Transaction ID:</b> 2009M04L11ai03330            |
|           | City State Zip Code<br>Shreveport LA 71101-3016   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed      Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                  |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. James Sewell   | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |
|           | Mailing Address 220 Little Harpe Trail  | <b>Transaction ID:</b> 2009M04L11ai03331            |
|           | City State Zip Code<br>Saltville MS 38866-9533  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired      Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Ranah Seyda   | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|           | Mailing Address 821 Virginia Dr.   | <b>Transaction ID:</b> 2009M04L11ai03332            |
|           | City State Zip Code<br>Orlando FL 32819  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Self      Occupation Interior Designer<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00                  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>950.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1118 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mildred L. Seyler    |                                    | Date of Receipt                         |  |
|   | Mailing Address 37 Church Street<br>Apartment 11                    |                                    | M M / D D / Y Y Y Y Y<br>03 / 11 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03333 |
|   | Port Allegany   | PA                                 | 16743-1165                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 150.00                                  |  |
|   | Name of Employer<br>Retired   |                                    | Occupation<br>Retired                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Mildred L. Seyler    |                                    | Date of Receipt                         |  |
|   | Mailing Address 37 Church Street<br>Apartment 11                    |                                    | M M / D D / Y Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03334 |
|   | Port Allegany   | PA                                 | 16743-1165                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 50.00                                   |  |
|   | Name of Employer<br>Retired   |                                    | Occupation<br>Retired                   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |   |  |

|   |   |                                    |   |  |
|---|---|------------------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Kirk Shadrick            |                                    | Date of Receipt                         |  |
|   | Mailing Address 1510 Detwiler Drive                                 |                                    | M M / D D / Y Y Y Y Y<br>03 / 04 / 2009 |  |
|   | City  | State                              | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03335 |
|   | York  | PA                                 | 17404                                   | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 50.00                                   |  |
|   | Name of Employer<br>U.S. Government                                 |                                    | Occupation<br>Coast Guard               |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>370.00 |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1119 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

Full Name (Last, First, Middle Initial)  
Kirk Shadrick

Mailing Address 1510 Detwiler Drive

City York State PA Zip Code 17404

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Government Occupation Coast Guard

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt 03 / 18 / 2009

Transaction ID: 2009M04L11ai03336

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steven R. Shallenberger

Mailing Address 1330 South 1000 East

City Orem State UT Zip Code 84097-7260

FEC ID number of contributing federal political committee. **C**

Name of Employer American Synergy Corporation Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai03337

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Eileen D. Shamel

Mailing Address 4915 Yapple Avenue

City Santa Barbara State CA Zip Code 93111-1533

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai03338

Amount of Each Receipt this Period 210.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1310.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1120 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Michael Shanahan

Mailing Address 74265 Desert Rose Lane

City State Zip Code  
Indian Wells CA 92210-7376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Capital Group, Inc. Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03339

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Michael Shanahan

Mailing Address 74265 Desert Rose Lane

City State Zip Code  
Indian Wells CA 92210-7376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Capital Group, Inc. Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6000.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03340

Amount of Each Receipt this Period  
4000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Bernice R. Shanklin

Mailing Address 249 Antiqua Way

City State Zip Code  
Niceville FL 32578-4002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03341

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6250.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1121 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Sharp

Mailing Address 2 Gittings Avenue

City State Zip Code  
Baltimore MD 21212-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 216.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03342

Amount of Each Receipt this Period  
1.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Jacqueline L. Sharwell

Mailing Address 171 Devon Road

City State Zip Code  
Bronxville NY 10708-5700

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03343

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George H. Shattuck, Jr.

Mailing Address 7897 S.E. Loblolly Bay Drive

City State Zip Code  
Hobe Sound FL 33455-3832

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03344

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 151.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1122 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George H. Shattuck, Jr.

Mailing Address 7897 S.E. Loblolly Bay Drive

City State Zip Code  
Hobe Sound FL 33455-3832

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03345

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. S. Shawell

Mailing Address 4915 Post Oak Timber Drive

City State Zip Code  
Houston TX 77056-2211

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03346

Amount of Each Receipt this Period  
275.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James J. Shea, Jr.

Mailing Address 70168 Sonora Rd

City State Zip Code  
Rancho Mirage CA 92270-3431

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03347

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **725.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1123 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert F. Shea

Mailing Address 4514 Woods End  
P. O. Box 44284

City Madison State WI Zip Code 53711-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03348  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert F. Shea

Mailing Address 4514 Woods End  
P. O. Box 44284

City Madison State WI Zip Code 53711-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai03349  
Amount of Each Receipt this Period 55.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen H. Shealy

Mailing Address 2910 Fairway View Ct.

City Castle Rock State CO Zip Code 80108-8318

FEC ID number of contributing federal political committee. **C**

Name of Employer Diversified Radiology Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai03350  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **405.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1124 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William J. Sheehan, Jr.

Mailing Address 27 Elm Drive

City State Zip Code  
New Hyde Park NY 11040-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
H.S.B.C. Tax Preparer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03351

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Vernon Sheen

Mailing Address 3289 Mulberry Street

City State Zip Code  
Edgewater MD 21037-1623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03352

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Riley C. Shelnett

Mailing Address 1400 Ruckel Drive

City State Zip Code  
Niceville FL 32578-1617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Textron Systems Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03353

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1125 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Charles Shelton

Mailing Address 4658 Carlton Dunes Drive

City State Zip Code  
Fernandina Beach FL 32034-5590

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03354

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George P. Shelton, III

Mailing Address 4124 Kingsferry Drive

City State Zip Code  
Arlington TX 76016-3636

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03355

Amount of Each Receipt this Period  
220.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Sharon M. Shelton

Mailing Address 11713 Crossdale Avenue

City State Zip Code  
Norwalk CA 90650-7710

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03356

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

770.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1126 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Mark R. Shenkman   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
| Mailing Address 1 Gaston Farm Road  |                                    | <b>Transaction ID:</b> 2009M04L11ai03357            |
| City<br>Greenwich   | State<br>CT                        | Zip Code<br>06831-2711                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>300.00        |
| Name of Employer<br>Shenkman Capital Management, Inc.   | Occupation<br>Portfolio Manager    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Col. & Mrs William E. Sherman  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
| Mailing Address 4269 Wiltshire Place  |                                    | <b>Transaction ID:</b> 2009M04L11ai03358            |
| City<br>Dumfries  | State<br>VA                        | Zip Code<br>22025-3148                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer<br>U.S. Department Of Defense  | Occupation<br>Attorney             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>650.00 |   |

**C.**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br>Ms. Linda I. Sherwin   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
| Mailing Address 2523 Elite Terrace  |   | <b>Transaction ID:</b> 2009M04L11ai03359            |
| City<br>Colorado Springs  | State<br>CO   | Zip Code<br>80920-3857                              |
| FEC ID number of contributing federal political committee.<br>C   |   | Amount of Each Receipt this Period<br>100.00        |
| Name of Employer<br>Lockheed Martin   | Occupation<br>Training and Development Representative |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                    |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 650.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1127 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |                    |   |  |  |
|-----------|--|--------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth A. Sherwood |                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|           | Mailing Address 1380 Calle Pequeno                                   |                    | <b>Transaction ID:</b> 2009M04L11ai03360            |  |  |
|           | City<br>Gardnerville   | State<br>NV        | Zip Code<br>89410-6612                              | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C      |                    |   |  |  |
|           | Name of Employer<br>N/A  | Occupation<br>Ret. | Aggregate Year-to-Date ▼<br>600.00                  |  |  |

|           |  |                    |   |  |  |
|-----------|--|--------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth A. Sherwood |                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |  |  |
|           | Mailing Address 1380 Calle Pequeno                                   |                    | <b>Transaction ID:</b> 2009M04L11ai03361            |  |  |
|           | City<br>Gardnerville   | State<br>NV        | Zip Code<br>89410-6612                              | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C      |                    |   |  |  |
|           | Name of Employer<br>N/A  | Occupation<br>Ret. | Aggregate Year-to-Date ▼<br>600.00                  |  |  |

|           |   |                      |   |   |  |
|-----------|---|----------------------|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Dae Y. Shin      |                      | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |   |  |
|           | Mailing Address 5823 Bowen Daniel Drive                         |                      | <b>Transaction ID:</b> 2009M04L11ai03362            |   |  |
|           | City<br>Tampa   | State<br>FL          | Zip Code<br>33616-5651                              | Amount of Each Receipt this Period<br>2000.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                      |   |   |  |
|           | Name of Employer<br>Dae Shin Enterprises, Inc.                  | Occupation<br>C.E.O. | Aggregate Year-to-Date ▼<br>2000.00                 |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1128 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Stacey L. Shindelar

Mailing Address 1732 S. Congress Avenue  
#193

City State Zip Code  
Palm Springs FL 33461-2140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dept. Housing & Urban Development Mortgage Banking

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03363

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Keith H Shinohara

Mailing Address 2-12-6-201 Shoto

City State Zip Code  
Shibuya-Ku, Tokyo ZZ 00000

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Citigroup Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03364

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John L. Shipman

Mailing Address 2176 Ter Van Court NE

City State Zip Code  
Grand Rapids MI 49505-6330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03365

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1129 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. John L. Shipman

Mailing Address 2176 Ter Van Court NE

City State Zip Code  
**Grand Rapids MI 49505-6330**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 30 / 2009**

**Transaction ID: 2009M04L11ai03366**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Brian K. Shipp

Mailing Address 1325 Holly Springs Road

City State Zip Code  
**Rockmart GA 30153-6428**

FEC ID number of contributing federal political committee. **C**

Name of Employer Aiken Grading Occupation V.P.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 09 / 2009**

**Transaction ID: 2009M04L11ai03367**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Louis E. Shirley

Mailing Address 1359 Central Avenue

City State Zip Code  
**East Point GA 30344-4946**

FEC ID number of contributing federal political committee. **C**

Name of Employer Newell Recycling, L.L.C. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 10 / 2009**

**Transaction ID: 2009M04L11ai03368**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1130 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard F. Shonk

Mailing Address 7440 Wood Meadow Dr.

City State Zip Code  
Cincinnati OH 45243-3073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United Healthcare Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03369

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William L. Shores

Mailing Address 3334 Horseshoe Bend Court

City State Zip Code  
Longwood FL 32779-3135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shores, Tagman & Company, Pa C.P.A.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai03370

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Shoup

Mailing Address 3481 Woodstone Drive

City State Zip Code  
Lewis Center OH 43035-9386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai03371

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1131 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Richard L. Showalter

Mailing Address 8016 S. Villa Avenue

City State Zip Code  
Oklahoma City OK 73159-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03372

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert H. Shrader

Mailing Address 9333 Rolling Circle

City State Zip Code  
San Antonio FL 33576-4651

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai03373

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Sandy Shultz

Mailing Address 1700 Flagler Avenue

City State Zip Code  
Key West FL 33040-4944

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Chatham Radiologist, P. A. Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03374

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

400.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1132 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Shumway

Mailing Address 1450 36Th Avenue S.E.

City State Zip Code  
Norman OK 73026-4726

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03375

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. Steve Shy

Mailing Address 3174 Route 75

City State Zip Code  
Huntington WV 25704-9150

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03376

Amount of Each Receipt this Period  
1125.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James Sidell

Mailing Address 17809 Meeting House Road

City State Zip Code  
Sandy Spring MD 20860-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03377

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1133 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James Sidell

Mailing Address 17809 Meeting House Road

City State Zip Code  
Sandy Spring MD 20860-1022

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03378

Amount of Each Receipt this Period  
300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Herbert J. Siegel

Mailing Address 190 E. 72Nd Street  
Apartment 28D

City State Zip Code  
New York NY 10021-4370

FEC ID number of contributing federal political committee. **C**

Name of Employer News America, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03379

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Richard Siegel

Mailing Address 201 Russett Road

City State Zip Code  
Chestnut Hill MA 02467-3625

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03380

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1100.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1134 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Louis W. Siegrist, Jr.  
Mailing Address 4052 Avonwood Avenue

City State Zip Code  
Las Vegas NV 89121-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03381

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vernon Erwin Sieling  
Mailing Address 34405 Port Superior Road

City State Zip Code  
Bayfield WI 54814-3500

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03382

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vernon Erwin Sieling  
Mailing Address 34405 Port Superior Road

City State Zip Code  
Bayfield WI 54814-3500

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03383

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1135 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael J. Sigler

Mailing Address 360 S. Arroyo Blvd

City Pasadena State CA Zip Code 91105-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer Amgen Occupation Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03384  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Silliman

Mailing Address 16 Jardine Lane

City Lincoln Park State NJ Zip Code 07035-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03385  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Silliman

Mailing Address 16 Jardine Lane

City Lincoln Park State NJ Zip Code 07035-1519

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai03386  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1136 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |                                  |   |  |  |
|-----------|---|----------------------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Brett Silver     |                                  | Date of Receipt<br>MM / DD / YYYY<br>03 / 10 / 2009 |  |  |
|           | Mailing Address 19 Great Hills                                  |                                  | <b>Transaction ID:</b> 2009M04L11ai03387            |  |  |
|           | City<br>New Hope  | State<br>PA                      | Zip Code<br>18938-9283                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                                  |   |  |  |
|           | Name of Employer<br>Ncb Management Services, Inc                | Occupation<br>Financial Services | Aggregate Year-to-Date<br>1000.00                   |  |  |

|           |  |                                  |   |  |  |
|-----------|--|----------------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Erron Silverstein |                                  | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|           | Mailing Address 8979 Norma Place                                 |                                  | <b>Transaction ID:</b> 2009M04L11ai03388            |  |  |
|           | City<br>West Hollywood   | State<br>CA                      | Zip Code<br>90069-4818                              | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |                                  |   |  |  |
|           | Name of Employer<br>Self   | Occupation<br>Software Developer | Aggregate Year-to-Date<br>250.00                    |  |  |

|           |   |                       |   |  |  |
|-----------|---|-----------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Joseph L. Simek  |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|           | Mailing Address 123 W. State Street Suite 6                     |                       | <b>Transaction ID:</b> 2009M04L11ai03389            |  |  |
|           | City<br>Medford   | State<br>WI           | Zip Code<br>54451-0467                              | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |                       |   |  |  |
|           | Name of Employer<br>Retired                                     | Occupation<br>Retired | Aggregate Year-to-Date<br>250.00                    |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1137 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David M. Simmons

Mailing Address 2761 Knollwood Drive

City State Zip Code  
Montgomery AL 36116-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03390

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. David M. Simmons

Mailing Address 2761 Knollwood Drive

City State Zip Code  
Montgomery AL 36116-3816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03391

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Spike Simmons

Mailing Address 154 W. Buffalo Street

City State Zip Code  
Holbrook AZ 86025-2838

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

**Transaction ID:** 2009M04L11ai03392

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1138 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Simmons

Mailing Address 6636 Dogwood Creek Drive

City Austin State TX Zip Code 78746-1318

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai03393  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gregory S. Simms

Mailing Address 7337 Holiday Road S.

City Jacksonville State FL Zip Code 32216-3241

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03394  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Simon

Mailing Address 1601 Banks St

City Houston State TX Zip Code 77006-6021

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03395  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1139 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael S. Simon     |                             | Date of Receipt                         |  |
|   | Mailing Address 75 Prospect Street<br>Apartment 2B                  |                             | M M / D D / Y Y Y Y Y<br>03 / 02 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03396 |
|   | East Orange   | NJ                          | 07017-2336                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 278.24                                  |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 278.24                      |   |  |

|   |   |                             |   |  |
|---|---|-----------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Mitchell Simons      |                             | Date of Receipt                         |  |
|   | Mailing Address 81 Sweetbriar Avenue                                |                             | M M / D D / Y Y Y Y Y<br>03 / 09 / 2009 |  |
|   | City  | State                       | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03397 |
|   | Fort Thomas   | KY                          | 41075-1620                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | 1500.00                                 |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |   |  |
|   |   | 1500.00                     |   |  |

|   |   |                          |   |  |
|---|---|--------------------------|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ronald Simons        |                          | Date of Receipt                         |  |
|   | Mailing Address 4583 W. 1100 N.                                     |                          | M M / D D / Y Y Y Y Y<br>03 / 12 / 2009 |  |
|   | City  | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03398 |
|   | Idaville  | IN                       | 47950-7904                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | 400.00                                  |  |
| Name of Employer<br>Willie Motes Auto Recycling   |   | Occupation<br>Manager    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ |   |  |
|   |   | 400.00                   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 2178.24 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1140 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael A. Simpson

Mailing Address 1318 Montgomery Ln

City State Zip Code  
Southlake TX 76092-9600

FEC ID number of contributing federal political committee. **C**

Name of Employer Michael A Simpson & Associates  
Occupation Insurance Broker

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03399

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. S. Frank Simpson

Mailing Address 2170 Cascading Creek Court

City State Zip Code  
Cumming GA 30041-7696

FEC ID number of contributing federal political committee. **C**

Name of Employer Int. Gourmet Pro., Inc.  
Occupation C.E.O.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 3 1 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03400

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wayne L. Simpson

Mailing Address 8716 Glenmora Drive

City State Zip Code  
Shreveport LA 71106-6233

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 0 2 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03401

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **795.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1141 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William H. Simpson

Mailing Address 2532 Hepplewhite Drive

City York State PA Zip Code 17404-1216

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 02 / 2009

Transaction ID: 2009M04L11ai03402

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. William H. Simpson

Mailing Address P.O. Box 2026

City York State PA Zip Code 17405-2026

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai03403

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Gordon B. Sims, Jr.

Mailing Address 304 Sims Ln.

City Luray State VA Zip Code 22835-7141

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai03404

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1142 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Barbara J. Singleton

Mailing Address 2601 Marsh Lane  
Unit 331

City State Zip Code  
Plano TX 75093-8462

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03405

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward E. Singleton

Mailing Address 811 Carpenter Drive

City State Zip Code  
Hollister CA 95023-9385

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03406

Amount of Each Receipt this Period  
440.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James M. Sink

Mailing Address P.O. Box 925

City State Zip Code  
Bellaire TX 77402-0925

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03407

Amount of Each Receipt this Period  
110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1143 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Jimmy O. Sio |                                     | Date of Receipt   |
|   | Mailing Address 8604 Dinard Place                           |                                     | <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Bakersfield   | CA                                  | 93311-2136  |
|   | FEC ID number of contributing federal political committee.  |                                     | Transaction ID: 2009M04L11ai03408   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="500.00"/>   |
|   |   | <input type="text" value="500.00"/> |   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Oldrich Sipal |                                     | Date of Receipt   |
|   | Mailing Address 12919 East Corrine Drive                     |                                     | <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Scottsdale   | AZ                                  | 85259-3554  |
|   | FEC ID number of contributing federal political committee.   |                                     | Transaction ID: 2009M04L11ai03409   |
| Name of Employer Requested  |  | Occupation Requested                | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | <input type="text" value="200.00"/>   |
|   |  | <input type="text" value="400.00"/> |   |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael Siwierka |                                     | Date of Receipt   |
|   | Mailing Address 5507 Deerbourne Chase Drive                     |                                     | <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Sugar Land  | TX                                  | 77479-4194  |
|   | FEC ID number of contributing federal political committee.      |                                     | Transaction ID: 2009M04L11ai03410   |
| Name of Employer<br>Perdue Brandon Fielder Co-llins   |   | Occupation<br>Attorney              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="100.00"/>   |
|   |   | <input type="text" value="300.00"/> |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="800.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1144 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Johann Skaptason

Mailing Address 15567 Floyd Lane

City State Zip Code  
**Overland Park KS 66223-3288**

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **03 / 06 / 2009**

**Transaction ID: 2009M04L11ai03411**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
Dr. Billy K. Skelly

Mailing Address 3780 W. 26th St.

City State Zip Code  
**Joplin MO 64804-0137**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 05 / 2009**

**Transaction ID: 2009M04L11ai03412**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Neusa J. Skeoch

Mailing Address 6857 Elaine Way

City State Zip Code  
**San Diego CA 92120-3932**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 16 / 2009**

**Transaction ID: 2009M04L11ai03413**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **600.00**

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1145 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Damir S. Skerl

Mailing Address 702 Last Arrow Drive

City State Zip Code  
Houston TX 77079-4205

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03414

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Patricia Ann Skok

Mailing Address 3 Spindrift Court  
Apartment 8

City State Zip Code  
Buffalo NY 14221-7832

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03415

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Skotnicki

Mailing Address 4729 Rock Ledge Drive

City State Zip Code  
Harrisburg PA 17110-3255

FEC ID number of contributing federal political committee. **C**

Name of Employer Associated Cardiologists Occupation Cardiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03416

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1146 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Timothy Skrobot

Mailing Address 1001 Crossings Drive

City State Zip Code  
**Lithia Springs GA 30122-3900**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Zaxby's Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 26 / 2009**

**Transaction ID:** 2009M04L11ai03417

Amount of Each Receipt this Period  
**75.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles J. Skuba

Mailing Address 3913 Hillandale Court N.W.

City State Zip Code  
**Washington DC 20007-3947**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Government International Trade

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 30 / 2009**

**Transaction ID:** 2009M04L11ai03418

Amount of Each Receipt this Period  
**750.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Slaney

Mailing Address 745 W. Sunset Dr.

City State Zip Code  
**Redlands CA 92373-6937**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 20 / 2009**

**Transaction ID:** 2009M04L11ai03419

Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1025.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 1147 / 1940  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |             |   |  |  |
|-----------|--|-------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Joan E. Slattery |             | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |  |  |
|           | Mailing Address 21955 Minnetonka Blvd.<br>Apartment 5            |             | <b>Transaction ID:</b> 2009M04L11ai03420            |  |  |
|           | City<br>Greenwood  | State<br>MN | Zip Code<br>55331-5601                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |             | Aggregate Year-to-Date<br>500.00                    |  |  |
|           | Name of Employer<br>Retired                                      |             | Occupation<br>Retired                               |  |  |

|           |   |             |   |  |  |
|-----------|---|-------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Ronald Slattery  |             | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |  |  |
|           | Mailing Address 2-11-5 Azabu Juban, Room #902                   |             | <b>Transaction ID:</b> 2009M04L11ai03421            |  |  |
|           | City<br>Minato-Ku, Tokyo  | State<br>ZZ | Zip Code<br>00000                                   | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |             | Aggregate Year-to-Date<br>250.00                    |  |  |
|           | Name of Employer<br>Requested                                   |             | Occupation<br>Requested                             |  |  |

|           |   |             |   |  |  |
|-----------|---|-------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Jim Slaughaupt   |             | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |  |  |
|           | Mailing Address P.O. Box 909                                    |             | <b>Transaction ID:</b> 2009M04L11ai03422            |  |  |
|           | City<br>Chelan  | State<br>WA | Zip Code<br>98816-0909                              | Amount of Each Receipt this Period<br>220.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C |             | Aggregate Year-to-Date<br>320.00                    |  |  |
|           | Name of Employer<br>Slaughaupt Agency                           |             | Occupation<br>Insurance Agent                       |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>970.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1148 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell Slayton

Mailing Address 1383 Yacht Club Road

City State Zip Code  
Hartwell GA 30643-8028

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03423

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Shirley M. Sleichter

Mailing Address 808 Hartz Court

City State Zip Code  
La Claire IA 52753-9214

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03424

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Barry J. Small

Mailing Address 1038 Ponus Ridge Road

City State Zip Code  
New Canaan CT 06840

FEC ID number of contributing federal political committee. **C**

Name of Employer Weeden & Co. Occupation Investments

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03425

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1320.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1149 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Lynn Smelt

Mailing Address 3305 W. Kirby Street

City Tampa State FL Zip Code 33614-3364

FEC ID number of contributing federal political committee. **C**

Name of Employer Invest Financial Coporati-on Occupation Evp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03426  
Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lynn Smelt

Mailing Address 3305 W. Kirby Street

City Tampa State FL Zip Code 33614-3364

FEC ID number of contributing federal political committee. **C**

Name of Employer Invest Financial Coporati-on Occupation Evp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03427  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Wanda F. Smiddy

Mailing Address 9371 Vaughn Ln.

City Franklin State OH Zip Code 45005-1434

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03428  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1150 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Blaine H. Smith, Jr.  
Mailing Address 4250 N. 5Th Street

City State Zip Code  
Duncan OK 73533-5536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ascog Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai03429

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Cheryl A Smith  
Mailing Address 3325 S Mariana Cir

City State Zip Code  
Tempe AZ 85282-5555

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03430

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Clarence Smith  
Mailing Address 504 Fairview Parkway

City State Zip Code  
Lafayette LA 70508-6334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03431

Amount of Each Receipt this Period  
120.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 620.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1151 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Clifton L. Smith

Mailing Address 3370 Longer Road

City Greensboro State GA Zip Code 30642-9618

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03432

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel R. Smith

Mailing Address 3056 Shoal Creek Village Drive

City Lakeland State FL Zip Code 33803-5424

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03433

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Smith

Mailing Address 2412 Woodwinds Ln.

City Wayzata State MN Zip Code 55391-9409

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03434

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1400.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1152 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |  |   |
|---|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>David L. Smith           |  | Date of Receipt   |
|   | Mailing Address 2442 Patagonia Way                                  |  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 25 / 2009 |
|   | City  | State                                  | Zip Code  |
|   | Anthem  | AZ                                     | 85086-2366  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | Transaction ID: 2009M04L11ai03435   |
| Name of Employer<br>Pulte Homes   |   | Occupation<br>Land Development Manager | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00     | <input type="text"/> 250.00   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Doris S. Smith      |                                    | Date of Receipt   |
|   | Mailing Address 625 27 1/2 Road<br>Unit 107                         |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 27 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Grand Junction  | CO                                 | 81506-5102  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 2009M04L11ai03436   |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 | <input type="text"/> 50.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Earl W. Smith        |                                    | Date of Receipt   |
|   | Mailing Address 2700 E. Jacaranda Road                              |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 11 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Palm Springs  | CA                                 | 92264-4845  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | Transaction ID: 2009M04L11ai03437   |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 | <input type="text"/> 500.00   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 800.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1153 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. F. Randall Smith

Mailing Address 325 E. 53Rd St #3

City State Zip Code  
New York NY 10022-3228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Capital Counsel, L.L.C. President/Investment Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03438

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Goodhue Smith

Mailing Address 5400 Bosque Blvd.  
Suite 250

City State Zip Code  
Waco TX 76710-4480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03439

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Hunter Smith

Mailing Address 1160 Tennis Road

City State Zip Code  
Charlottesville VA 22901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03440

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 1154 / 1940  |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James A. Smith   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 2562 Treasure Drive<br>Apartment S4102          |                                    | <b>Transaction ID:</b> 2009M04L11ai03441            |  |  |
|   | City<br>Santa Barbara   | State<br>CA                        | Zip Code<br>93105-4104                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>700.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. James F. Smith |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |  |  |
|   | Mailing Address 5 Byron Nelson                                       |                                    | <b>Transaction ID:</b> 2009M04L11ai03442            |  |  |
|   | City<br>San Antonio  | State<br>TX                        | Zip Code<br>78257-1726                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C      |                                    |   |  |  |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |   |  |
|---|---|------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John B. Smith    |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |   |  |
|   | Mailing Address 156 Parrish Loop                                |                                    | <b>Transaction ID:</b> 2009M04L11ai03443            |   |  |
|   | City<br>Montross  | State<br>VA                        | Zip Code<br>22520-4127                              | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |   |  |
|   | Name of Employer<br>Retired                                     | Occupation<br>Retired              |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>205.00 |   |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1155 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John B. Smith

Mailing Address 156 Parrish Loop

City State Zip Code  
Montross VA 22520-4127

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      205.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03444

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. John J Smith

Mailing Address 1510 N Colonial Ct

City State Zip Code  
Arlington VA 22209-1439

FEC ID number of contributing federal political committee. **C**

Name of Employer Hogan & Hartson Llp      Occupation Attorney

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03445

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Johnny Smith

Mailing Address 140 Guilford Lane

City State Zip Code  
Prattville AL 36066-5128

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03446

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1156 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Keith Smith

Mailing Address 2929 Blackwood Road

City State Zip Code  
Decatur GA 30033-1011

FEC ID number of contributing federal political committee. **C**

Name of Employer First Capital Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03447

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence Smith

Mailing Address 2840 N.W. 35Th Avenue

City State Zip Code  
Portland OR 97210-1568

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03448

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lloyd Smith

Mailing Address 1312 W. Grand Avenue

City State Zip Code  
Port Washington WI 53074-2042

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03449

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1157 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Mark A.H. Smith, Jr.  
Mailing Address P.O. Box 100

City Linden State VA Zip Code 22642-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03450  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Max Smith  
Mailing Address 3375 S. El Dorado

City Lakeway State TX Zip Code 78734-5231

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03451  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Merrill G. Smith  
Mailing Address 7420 Country Commons Lane

City Sylvania State OH Zip Code 43560-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03452  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1050.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1158 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael David Smith

Mailing Address 8453 Greenside Drive

City State Zip Code  
Dublin OH 43017-8462

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Textron Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03453

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul Smith

Mailing Address 2650 Pacific Heights Road

City State Zip Code  
Honolulu HI 96813-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03454

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Paul Francis Smith

Mailing Address 360 Kilmarnock Place

City State Zip Code  
Melbourne FL 32940-1875

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03455

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1159 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Smith

Mailing Address 4715 Garden Ranch Drive  
Apartment N207

City Colorado Springs State CO Zip Code 80918-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Northrop Grumman Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03456  
Amount of Each Receipt this Period: 18.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Smith

Mailing Address 4715 Garden Ranch Drive  
Apartment N207

City Colorado Springs State CO Zip Code 80918-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Northrop Grumman Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 212.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03457  
Amount of Each Receipt this Period: 21.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rodney D. Smith

Mailing Address 4207 170th Avenue

City Lakota State IA Zip Code 50451-7009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03458  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 139.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1160 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Rodney D. Smith      | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 4207 170th Avenue                                   | <b>Transaction ID:</b> 2009M04L11ai03459            |
|   | City State Zip Code<br>Lakota IA 50451-7009                         | Amount of Each Receipt this Period<br>100.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Self Employed   | Occupation<br>Farmer  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Roger H. Smith       | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 1313 Stagecoach Rd Se                               | <b>Transaction ID:</b> 2009M04L11ai03460            |
|   | City State Zip Code<br>Albuquerque NM 87123-4320                    | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Requested   | Occupation<br>Requested   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Ruth E. Smith       | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|   | Mailing Address 604 W. Stoughton Street<br>Apartment 12             | <b>Transaction ID:</b> 2009M04L11ai03461            |
|   | City State Zip Code<br>Urbana IL 61801-8807                         | Amount of Each Receipt this Period<br>300.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer<br>Self-Employed   | Occupation<br>Self-Employed   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1161 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Ruth R. Smith  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 237 Camp Street<br>P.O. Box 384  | <b>Transaction ID:</b> 2009M04L11ai03462            |
|           | City Barre State VT Zip Code 05641-3205  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Colonel Sherman A. Smith  | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 3890 Noble Drive<br>Apartment 1704   | <b>Transaction ID:</b> 2009M04L11ai03463            |
|           | City San Diego State CA Zip Code 92122-5784  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Self-employed Occupation Self Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Steven & Lorra J. Smith   | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | Mailing Address 11402 S. 69Th East Ave.   | <b>Transaction ID:</b> 2009M04L11ai03464            |
|           | City Bixby State OK Zip Code 74008-8239   | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Self-Employed Occupation Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1200.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1162 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Thomas Smith   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address P.O. Box 844  | <b>Transaction ID:</b> 2009M04L11ai03465            |
|           | City State Zip Code<br>Houston TX 77001-0844  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Vianne Smith  | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|           | Mailing Address 4800 Canoe Creek Road   | <b>Transaction ID:</b> 2009M04L11ai03466            |
|           | City State Zip Code<br>Saint Cloud FL 34772-7442  | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Soksod Company, Inc.<br>Occupation Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Vianne Smith  | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 4800 Canoe Creek Road   | <b>Transaction ID:</b> 2009M04L11ai03467            |
|           | City State Zip Code<br>Saint Cloud FL 34772-7442  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Soksod Company, Inc.<br>Occupation Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1163 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William A Smith

Mailing Address 2320 West Butler St.

City State Zip Code  
Leesburg FL 34748-5402

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03468  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William D. Smith

Mailing Address 4833 West 96Th Street

City State Zip Code  
Bloomington MN 55437-2062

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03469  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Barbara Snelling

Mailing Address 4092 Harbor Road

City State Zip Code  
Shelburne VT 05482-7797

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03470  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1164 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Archie Snider

Mailing Address 48 Orchard Hills Street

City Atherton State CA Zip Code 94027-5458

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt: 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai03471  
Amount of Each Receipt this Period: 205.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul H. Snider

Mailing Address 5150 Madison Avenue

City Sacramento State CA Zip Code 95841-9623

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai03472  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. John M. Snodsmith

Mailing Address 57 Oak Lane

City Springfield State IL Zip Code 62712-8611

FEC ID number of contributing federal political committee. **C**

Name of Employer Clinical Radiologists, Inc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai03473  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1165 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Eddie R. Snyder

Mailing Address P.O. Box 550

City Yerington State NV Zip Code 89447-0550

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03474  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lester Snyder, III

Mailing Address 50721 Chesapeake Drive

City Novi State MI Zip Code 48374-2551

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai03475  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lester Snyder, III

Mailing Address 50721 Chesapeake Drive

City Novi State MI Zip Code 48374-2551

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai03476  
Amount of Each Receipt this Period: 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1166 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lester F. Snyder, Jr.  
Mailing Address 808 Lovetta Drive

City State Zip Code  
**Dayton OH 45429-3138**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 18 / 2009**  
**Transaction ID: 2009M04L11ai03477**  
Amount of Each Receipt this Period **300.00**

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sally M. Snyder  
Mailing Address 555 5Th Avenue N.E.  
Ph.2

City State Zip Code  
**St. Petersburg FL 33701-2663**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **03 / 20 / 2009**  
**Transaction ID: 2009M04L11ai03478**  
Amount of Each Receipt this Period **1000.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theodore M Snyder  
Mailing Address 4861 Ocean View Boulevard

City State Zip Code  
**La Canada CA 91011-1235**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate Investment

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 31 / 2009**  
**Transaction ID: 2009M04L11ai03479**  
Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **1550.00**

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1167 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph M. Socha

Mailing Address 453 Clifton Avenue

City State Zip Code  
Romeoville IL 60446-1418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Village Of Romeoville Custodian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03480

Amount of Each Receipt this Period  
120.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William P. Sockman

Mailing Address 11250 Wellington Drive

City State Zip Code  
Chardon OH 44024-9683

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ashtabula Dental Associate Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03481

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas M. Sodeman

Mailing Address 114 Thurstons Way

City State Zip Code  
Mooresville NC 28117-7112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03482

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **870.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1168 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Sohner

Mailing Address 4353 Cloverdale Road S.E.

City Cedar Rapids State IA Zip Code 52411-6816

FEC ID number of contributing federal political committee. **C**

Name of Employer Rockwill Collins, Inc. Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai03483

Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ismael De Leon Solis

Mailing Address 645 Boronda Road

City Salinas State CA Zip Code 93907-1719

FEC ID number of contributing federal political committee. **C**

Name of Employer B.C. Harvesting Occupation Farm Labor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai03484

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas G Somermeier

Mailing Address 9599 Sunset Blvd.

City Beverly Hills State CA Zip Code 90210

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai03485

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1169 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John S. Somerville, Jr. |                          | Date of Receipt                         |  |
|   | Mailing Address 174 Buttonwood Drive                                   |                          | M M / D D / Y Y Y Y Y<br>03 / 10 / 2009 |  |
|   | City   | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03486 |
|   | Fair Haven   | NJ                       | 07704-3632                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b>    |                          | 125.00                                  |  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ |   |  |
|   |  | 900.00                   |   |  |

|   |  |                          |   |  |
|---|--|--------------------------|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John S. Somerville, Jr. |                          | Date of Receipt                         |  |
|   | Mailing Address 174 Buttonwood Drive                                   |                          | M M / D D / Y Y Y Y Y<br>03 / 24 / 2009 |  |
|   | City   | State                    | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03487 |
|   | Fair Haven   | NJ                       | 07704-3632                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b>    |                          | 150.00                                  |  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ |   |  |
|   |  | 900.00                   |   |  |

|   |   |  |   |  |
|---|---|--|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. John E. Sommer       |  | Date of Receipt                         |  |
|   | Mailing Address P.O. Box 75   |  | M M / D D / Y Y Y Y Y<br>03 / 20 / 2009 |  |
|   | City  | State                                  | Zip Code                                | <b>Transaction ID:</b> 2009M04L11ai03488 |
|   | Kidron  | OH                                     | 44636-0075                              | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | 100.00                                  |  |
| Name of Employer<br>Kidvon Division Services  |   | Occupation<br>Executive Vice President |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼               |   |  |
|   |   | 210.00                                 |   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>375.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1170 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Donna Sonderman

Mailing Address P.O. Box 1350  
29570 Pacific Street

City State Zip Code  
Gold Beach OR 97444-1350

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation  
Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03489

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Song

Mailing Address 515 10th Avenue

City State Zip Code  
San Francisco CA 94118

FEC ID number of contributing federal political committee. **C**

Name of Employer Tpmg Occupation  
Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03490

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James A. Sonntag

Mailing Address 123 Peacock Drive

City State Zip Code  
San Rafael CA 94901-1552

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation  
Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03491

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1171 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Todd Sorensen

Mailing Address 220453 E. 42Nd St.

City State Zip Code  
Scottsbluff NE 69361-5727

FEC ID number of contributing federal political committee. **C**

Name of Employer Regional West Medical Center  
Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03492

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Mark P. Sork

Mailing Address 316 Ruby Avenue

City State Zip Code  
Newport Beach CA 92662-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested  
Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03493

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Frank Joseph Sosler

Mailing Address 7697 Hawks Nest Trail

City State Zip Code  
Littleton CO 80125-9296

FEC ID number of contributing federal political committee. **C**

Name of Employer Lockheed Martin  
Occupation Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03494

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1172 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Guillermina Soto         |                                    | Date of Receipt   |
|   | Mailing Address 6121 N. Cynthia Ct.                                 |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 20 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Mcallen   | TX                                 | 78504-2004  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03495  |
| Name of Employer<br>Sapphire Custom Mfg   |   | Occupation<br>Owner Of Sapphire    | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>710.00 | <input type="text"/><br>500.00  |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Wilber B. Spalding, Jr. |                                    | Date of Receipt   |
|   | Mailing Address 6900 Overhill Road                                     |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 03 / 2009 |
|   | City   | State                              | Zip Code  |
|   | Mission Hills  | KS                                 | 66208-2769  |
|   | FEC ID number of contributing federal political committee. <b>C</b>    |                                    | <b>Transaction ID:</b> 2009M04L11ai03496  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00 | <input type="text"/><br>500.00  |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Christine Spangler       |                                      | Date of Receipt   |
|   | Mailing Address 3438 King George Drive                              |                                      | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 26 / 2009 |
|   | City  | State                                | Zip Code  |
|   | Orlando   | FL                                   | 32835-5904  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> 2009M04L11ai03497  |
| Name of Employer<br>Marriott Vacation Club In-c.  |   | Occupation<br>Information Technology | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00   | <input type="text"/><br>250.00  |

|  |                                 |
|--|---------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br>1250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>            |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1173 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                             |   |
|---|--|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Frank Spann |                             | Date of Receipt   |
|   | Mailing Address 6345 Bell Creek Court                      |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City   | State                       | Zip Code  |
|   | Grand Bay  | AL                          | 36541-5122  |
|   | FEC ID number of contributing federal political committee. | <b>C</b>                    | Transaction ID: 2009M04L11ai03498   |
| Name of Employer<br>Southern Truck & Equipment  |  | Occupation<br>Owner         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |  | <input type="text"/> 600.00 | <input type="text"/> 600.00   |

|   |  |                              |   |
|---|--|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. James C Spann |                              | Date of Receipt   |
|   | Mailing Address 7215 S. 26Th West Avenue                     |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City   | State                        | Zip Code  |
|   | Tulsa  | OK                           | 74132-2200  |
|   | FEC ID number of contributing federal political committee.   | <b>C</b>                     | Transaction ID: 2009M04L11ai03499   |
| Name of Employer<br>Ardent Healthcare   |  | Occupation<br>Physician      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼     | <input type="text"/>  |
|   |  | <input type="text"/> 1000.00 | <input type="text"/> 1000.00  |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles Sparks |                             | Date of Receipt   |
|   | Mailing Address 706 W. North Street                           |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Hinsdale  | IL                          | 60521-3044  |
|   | FEC ID number of contributing federal political committee.    | <b>C</b>                    | Transaction ID: 2009M04L11ai03500   |
| Name of Employer<br>Charles Sparks & Company  |   | Occupation<br>Architect     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 250.00 | <input type="text"/> 250.00   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1174 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Susan J. Spence

Mailing Address P.O. Box 498

City State Zip Code  
Alto NM 88312-0553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03501

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Cleon & Ada Spencer

Mailing Address 9538 Pickwick Drive

City State Zip Code  
Jacksonville FL 32257-5419

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03502

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John O. Spendrup

Mailing Address 409 W. Main Street

City State Zip Code  
Grand Junction CO 81501-5609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03503

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1175 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stuart H. Spindel

Mailing Address P.O. Box 484

City State Zip Code  
Hawesville KY 42348-0484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03504

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Tonya H. Spivey

Mailing Address 1600 Fairway Drive

City State Zip Code  
Vidalia GA 30474-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai03505

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Victor F Splan

Mailing Address 2713 North Franklin Road

City State Zip Code  
Arlington VA 22201-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Decision Engineering Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03506

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1176 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Kae M. Spoerl

Mailing Address 3030 Broadmoor Lane

City State Zip Code  
State College PA 16801-2789

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03507

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Camille Sprio

Mailing Address 19 Millbrook Place

City State Zip Code  
Bedford NY 10506-1700

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03508

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven Sproles

Mailing Address 9177 Pembridge Drive

City State Zip Code  
Mechanicsville VA 23116-4115

FEC ID number of contributing federal political committee. **C**

Name of Employer Estes Express Lines, Inc. Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03509

Amount of Each Receipt this Period  
205.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **705.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1177 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Donna L. St. Louis  |                                    | Date of Receipt                       |  |
|   | Mailing Address 930 Carlanna Lake Road<br>Apartment A30             |                                    | M M / D D / Y Y Y Y<br>03 / 23 / 2009 |  |
|   | City  | State                              | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai03510 |
|   | Ketchikan   | AK                                 | 99901-5657                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 200.00                                |  |
| Name of Employer<br>Tongass Tower condominium Association   |   | Occupation<br>Office Manager       |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>400.00 |                                       |  |

|   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Joan P. Stadler      |                                    | Date of Receipt                       |  |
|   | Mailing Address 1755 N. State Route 560                             |                                    | M M / D D / Y Y Y Y<br>03 / 09 / 2009 |  |
|   | City  | State                              | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai03511 |
|   | Urbana  | OH                                 | 43078-9666                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 100.00                                |  |
| Name of Employer<br>Homemaker   |   | Occupation<br>Homemaker            |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |                                       |  |

|   |   |                                    |                                       |  |
|---|---|------------------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Helen L. Stairs      |                                    | Date of Receipt                       |  |
|   | Mailing Address P.O. Box 216  |                                    | M M / D D / Y Y Y Y<br>03 / 26 / 2009 |  |
|   | City  | State                              | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai03512 |
|   | Sanford   | FL                                 | 32772-1892                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | 200.00                                |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 |                                       |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1178 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert E. Stairs

Mailing Address 10443 Tam O. Shanter Road

City State Zip Code  
Pensacola FL 32514-8306

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03513

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wallace A. Stanberry

Mailing Address 625 Market Street Suite 200

City State Zip Code  
Shreveport LA 71101-5370

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03514

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Richard L. Stangler

Mailing Address 6968 Bullock Drive

City State Zip Code  
San Diego CA 92114-7885

FEC ID number of contributing federal political committee. **C**

Name of Employer Bowlers Depot Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03515

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1179 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Richard L. Stangler

Mailing Address 6968 Bullock Drive

City San Diego State CA Zip Code 92114-7885

FEC ID number of contributing federal political committee. **C**

Name of Employer: Bowlers Depot Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03516  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank A. Stanisci

Mailing Address 1144 S.W. 43Rd Street

City Cape Coral State FL Zip Code 33914-5748

FEC ID number of contributing federal political committee. **C**

Name of Employer: Labcorp Occupation: Sales Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: 2009M04L11ai03517  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jennifer A Stannard

Mailing Address 17 Lewis Road

City Stamford State CT Zip Code 06905-2214

FEC ID number of contributing federal political committee. **C**

Name of Employer: Health Net Occupation: Account Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03518  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1180 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Walter Pe Stansbury

Mailing Address 1035 Lake View Drive

City State Zip Code  
Boyne City MI 49712-9657

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03519

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Beverly Stanton

Mailing Address 21335 N. Shotgun Ridge Road

City State Zip Code  
Paulden AZ 86334-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03520

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. Stanton-Hicks

Mailing Address 11405 Clearfield Lane

City State Zip Code  
Chardon OH 44024-9051

FEC ID number of contributing federal political committee. **C**

Name of Employer C.C.F. Occupation Vice Chairperson

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03521

Amount of Each Receipt this Period: 75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **825.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1181 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael D. Stanton-Hicks

Mailing Address 11405 Clearfield Lane

City State Zip Code  
**Chardon OH 44024-9051**

FEC ID number of contributing federal political committee. **C**

Name of Employer C.C.F. Occupation Vice Chairperson

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 26 / 2009**

**Transaction ID: 2009M04L11ai03522**

Amount of Each Receipt this Period **75.00**

**B.** Full Name (Last, First, Middle Initial)  
Dr. Catherine M. Stark

Mailing Address 1219 Tiverton Trail Drive

City State Zip Code  
**Rochester Hills MI 48306-4073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Oakland-Macomb Ob/Gyn, Pc Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 05 / 2009**

**Transaction ID: 2009M04L11ai03523**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Dr. Catherine M. Stark

Mailing Address 1219 Tiverton Trail Drive

City State Zip Code  
**Rochester Hills MI 48306-4073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Oakland-Macomb Ob/Gyn, Pc Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 19 / 2009**

**Transaction ID: 2009M04L11ai03524**

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1182 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Andy Starling

Mailing Address 2408 Brookwood Trail

City Sanford State NC Zip Code 27330-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanford Steel Corp Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai03525

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Andy Starling

Mailing Address 2408 Brookwood Trail

City Sanford State NC Zip Code 27330-8200

FEC ID number of contributing federal political committee. **C**

Name of Employer Sanford Steel Corp Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai03526

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mary G. Starr

Mailing Address 2529 U.S. Highway 73

City Hiawatha State KS Zip Code 66434-8201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 2009M04L11ai03527

Amount of Each Receipt this Period 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1183 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Gary Allen Stayer

Mailing Address 894 Tupelo Wood Court

City State Zip Code  
Newbury Park CA 91320-3648

FEC ID number of contributing federal political committee. **C**

Name of Employer Pamtech Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03528

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Faith Joy Stazzoni

Mailing Address 945 Park Lane

City State Zip Code  
Santa Barbara CA 93108-1421

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03529

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Henry Stein

Mailing Address 580 Ashwood Road

City State Zip Code  
Springfield NJ 07081-2527

FEC ID number of contributing federal political committee. **C**

Name of Employer Atlantic Realty Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03530

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1050.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 1184 / 1940             |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Donald J. Steinbeisser  | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|           | Mailing Address 11918 County Road 348   | <b>Transaction ID:</b> 2009M04L11ai03531            |
|           | City State Zip Code<br>Sidney MT 59270-6356   | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>300.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Donald Steiner   | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|           | Mailing Address 1S702 Birchbrook Court  | <b>Transaction ID:</b> 2009M04L11ai03532            |
|           | City State Zip Code<br>Glen Ellyn IL 60137-6880   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>450.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey Steinkamp   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address P. O. Box 98   | <b>Transaction ID:</b> 2009M04L11ai03533            |
|           | City State Zip Code<br>Rochester VT 05767-0098   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>2000.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 1400.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1185 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James R. Stelmach    |                                    | Date of Receipt   |
|   | Mailing Address 2625 E. Southern Avenue<br>Unit C270                |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Tempe   | AZ                                 | 85282-7656  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03534  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>350.00 | 125.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Kurt Stephan         |                                    | Date of Receipt   |
|   | Mailing Address 12318 N. Golf Dr.                                   |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Mequon  | WI                                 | 53092-2447  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03535  |
| Name of Employer Requested  |   | Occupation Requested               | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>500.00 | 500.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Richard Stephan      |                                    | Date of Receipt   |
|   | Mailing Address 600 W Germantown Pike                               |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 20 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Plymouth Meeting  | PA                                 | 19462-1046  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03536  |
| Name of Employer<br>Linck and Steophan  |   | Occupation<br>Manager              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00 | 300.00  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>925.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1186 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Stephens

Mailing Address 1404 Rachel Lane

City State Zip Code  
Tallahassee FL 32308-7723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03537

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Alice Stephens

Mailing Address 1404 Rachel Lane

City State Zip Code  
Tallahassee FL 32308-7723

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03538

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Phil W. Stephenson

Mailing Address 115 Neal Road

City State Zip Code  
Wharton TX 77488-2711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03539

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1187 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|           |  |                       |   |  |  |
|-----------|--|-----------------------|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Dick J. Sterk           |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 04 / 2009 |  |  |
|           | Mailing Address 1918 Mirmar Lane                                       |                       | <b>Transaction ID:</b> 2009M04L11ai03540            |  |  |
|           | City<br><b>Munster</b>   | State<br><b>IN</b>    | Zip Code<br><b>46321-2719</b>                       | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                       | Aggregate Year-to-Date<br>250.00                    |  |  |
|           | Name of Employer<br>Retired  | Occupation<br>Retired |   |  |  |

|           |  |                               |   |  |  |
|-----------|--|-------------------------------|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Christopher R. Steuri   |                               | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |  |  |
|           | Mailing Address P.O. Box 884<br>4300 Kai Ikena Drive                   |                               | <b>Transaction ID:</b> 2009M04L11ai03541            |  |  |
|           | City<br><b>Kalaheo</b>   | State<br><b>HI</b>            | Zip Code<br><b>96741-0884</b>                       | Amount of Each Receipt this Period<br>200.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                               | Aggregate Year-to-Date<br>600.00                    |  |  |
|           | Name of Employer<br>Koa Kea Hotel Resort                               | Occupation<br>General Manager |   |  |  |

|           |  |                         |   |  |  |
|-----------|--|-------------------------|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. James E. Stevens        |                         | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |  |  |
|           | Mailing Address 90 Hart Rd.  |                         | <b>Transaction ID:</b> 2009M04L11ai03542            |  |  |
|           | City<br><b>Barrington</b>  | State<br><b>IL</b>      | Zip Code<br><b>60010-2665</b>                       | Amount of Each Receipt this Period<br>150.00 |  |
|           | FEC ID number of contributing federal political committee.<br><b>C</b> |                         | Aggregate Year-to-Date<br>350.00                    |  |  |
|           | Name of Employer<br>Stevens Pump, Co.                                  | Occupation<br>President |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>600.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1188 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Larry R. Stevens

Mailing Address 4 Mistywood Ln.

City State Zip Code  
Sandy UT 84092-4850

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med One Capital, Inc. Business Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03543

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard C. Stevens

Mailing Address 3091 Highlands Bridge Rd.

City State Zip Code  
Sarasota FL 34235-6842

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai03544

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas H. Stevens

Mailing Address 1102 S.E. Mitchell Avenue  
Apartment 301

City State Zip Code  
Port Saint Lucie FL 34952-5937

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Enviroseal Corporation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03545

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1189 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William T.C. Stevens

Mailing Address 4024 S.W. Tualatin Avenue

City State Zip Code  
Portland OR 97239-1574

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03546

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Carl R. Stevenson

Mailing Address 3931 West 87th Street

City State Zip Code  
Tulsa OK 74132-4138

FEC ID number of contributing federal political committee. **C**

Name of Employer Assoc. Anes., Inc. Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03547

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John A. Stevenson

Mailing Address 24574 State Route 104

City State Zip Code  
Circleville OH 43113-9666

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S.D.A. Occupation State Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03548

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 230.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1190 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John A. Stevenson

Mailing Address 24574 State Route 104

City State Zip Code  
Circleville OH 43113-9666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S.D.A. State Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03549

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathryn Stevenson

Mailing Address 4510 Arniel Place

City State Zip Code  
Fairfax VA 22030-5755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03550

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lt. Raymond Steventon, USN (Ret)

Mailing Address 6902 Parkside Circle  
Apartment 102

City State Zip Code  
De Forest WI 53532-1915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03551

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1191 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Terry J. Stevinson

Mailing Address 14744 W. 32nd Drive

City State Zip Code  
Golden CO 80401-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stevinson Group Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03552

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Terry J. Stevinson

Mailing Address 14744 W. 32nd Drive

City State Zip Code  
Golden CO 80401-1417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stevinson Group Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03553

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Campbell Steward

Mailing Address 65 Asbury Street

City State Zip Code  
Topsfield MA 01983-1501

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Kona Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

**Transaction ID:** 2009M04L11ai03554

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2050.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1192 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Aroona B Stewart    |                                    | Date of Receipt   |
|   | Mailing Address 22680 Hidden Hills Road                             |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Yorba Linda   | CA                                 | 92887-2800  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03555  |
| Name of Employer<br>Placentia Linda Hospital  |   | Occupation<br>Registered Nurse     | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 | <input type="text"/> 50.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Gordon W. Stewart |                                    | Date of Receipt   |
|   | Mailing Address P.O. Box 474  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 09 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Sonora  | TX                                 | 76950-0474  |
|   | FEC ID number of contributing federal political committee. <b>C</b>     |                                    | <b>Transaction ID:</b> 2009M04L11ai03556  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>595.00 | <input type="text"/> 100.00   |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Gordon W. Stewart |                                    | Date of Receipt   |
|   | Mailing Address P.O. Box 474  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 20 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Sonora  | TX                                 | 76950-0474  |
|   | FEC ID number of contributing federal political committee. <b>C</b>     |                                    | <b>Transaction ID:</b> 2009M04L11ai03557  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>595.00 | <input type="text"/> 100.00   |

|  |                             |
|--|-----------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 250.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1193 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Stewart

Mailing Address 2419 Fairbanks Dr.

City State Zip Code  
Clearwater FL 33764-2811

FEC ID number of contributing federal political committee. **C**

Name of Employer Task Force Logistics      Occupation Business Management

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03558  
 Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George A. Stickels

Mailing Address 1515 Jefferson Davis Highway  
Apartment 1202

City State Zip Code  
Arlington VA 22202-3313

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S.D.A.      Occupation Agr Program Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03559  
 Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George A. Stickels

Mailing Address 1515 Jefferson Davis Highway  
Apartment 1202

City State Zip Code  
Arlington VA 22202-3313

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S.D.A.      Occupation Agr Program Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 1 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03560  
 Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1194 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Byron C. Stickler

Mailing Address 514 Washington Street

City State Zip Code  
Quincy IL 62301-4864

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03561

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City State Zip Code  
Waldorf MD 20602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dyncorp Helicopter Technician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 4 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03562

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City State Zip Code  
Waldorf MD 20602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dyncorp Helicopter Technician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 400.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03563

Amount of Each Receipt this Period  
80.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **420.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1195 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City State Zip Code  
Waldorf MD 20602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dyncorp Helicopter Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03564

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City State Zip Code  
Waldorf MD 20602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dyncorp Helicopter Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai03565

Amount of Each Receipt this Period  
40.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerard Stitt

Mailing Address 319 Barksdale Ave.

City State Zip Code  
Waldorf MD 20602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dyncorp Helicopter Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03566

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **120.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1196 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Rob Stitt

Mailing Address 2901 Slough Drive

City State Zip Code  
Temple TX 76502-3975

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Army Logistics Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03567

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City State Zip Code  
Waukesha WI 53189-7426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Waukesha Electric Systems Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03568

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City State Zip Code  
Waukesha WI 53189-7426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Waukesha Electric Systems Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03569

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1197 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City State Zip Code  
Waukesha WI 53189-7426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Waukesha Electric Systems Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03570

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Joseph Stocks

Mailing Address 1835 Enterprise Street

City State Zip Code  
Waukesha WI 53189-7426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Waukesha Electric Systems Laborer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03571

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott Stockton

Mailing Address 4702 N. Blazingstar Trl.

City State Zip Code  
Castle Rock CO 80109-9400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03572

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1198 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. William B. Stockwell

Mailing Address 892 Lafayette Drive

City State Zip Code  
Mount Laurel NJ 08054-3241

FEC ID number of contributing federal political committee. **C**

Name of Employer Stockwell Elastomerics, Inc  
Occupation Business Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03573

Amount of Each Receipt this Period  
400.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Sherwood B. Stolp

Mailing Address 1907 Martha Washington Drive

City State Zip Code  
Wauwatosa WI 53213-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03574

Amount of Each Receipt this Period  
45.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Sherwood B. Stolp

Mailing Address 1907 Martha Washington Drive

City State Zip Code  
Wauwatosa WI 53213-2468

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai03575

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **475.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1199 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. Sherwood B. Stolp |                                     | Date of Receipt   |
|   | Mailing Address 1907 Martha Washington Drive                     |                                     | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Wauwatosa  | WI                                  | 53213-2468  |
|   | FEC ID number of contributing federal political committee.       |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Retired   |  | Occupation<br>Retired               | <b>Transaction ID:</b> 2009M04L11ai03576  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="210.00"/> | <input type="text" value="45.00"/>  |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. David Stone |                                     | Date of Receipt   |
|   | Mailing Address 300 Plantation View Lane                   |                                     | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Mount Pleasant   | SC                                  | 29464-6228  |
|   | FEC ID number of contributing federal political committee. |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed         | <b>Transaction ID:</b> 2009M04L11ai03577  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="500.00"/> | <input type="text" value="500.00"/>   |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Kenneth Stone |                                     | Date of Receipt   |
|   | Mailing Address 1077 Bromley Ave                             |                                     | <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/> |
|   | City   | State                               | Zip Code  |
|   | Teaneck  | NJ                                  | 07666-1918  |
|   | FEC ID number of contributing federal political committee.   |                                     | <input type="text" value="C"/>  |
| Name of Employer<br>Peak Search Inc   |  | Occupation<br>Executive Recruiter   | <b>Transaction ID:</b> 2009M04L11ai03578  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼            | Amount of Each Receipt this Period  |
|   |  | <input type="text" value="225.00"/> | <input type="text" value="75.00"/>  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="620.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1200 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Ms Linda S. Stone  | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 2121 Carroll Creek View Court   | <b>Transaction ID:</b> 2009M04L11ai03579            |
|           | City State Zip Code<br>Frederick MD 21702-5902  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Ms. Mary L. Stone   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 6 Whittier Place<br>Apartment 6P   | <b>Transaction ID:</b> 2009M04L11ai03580            |
|           | City State Zip Code<br>Boston MA 02114-1406  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Capital Growth Management<br>Occupation Associate Vice President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Richard F. Storm   | Date of Receipt<br>MM / DD / YYYY<br>03 / 03 / 2009 |
|           | Mailing Address P.O. Box 429<br>900 Colonial Drive  | <b>Transaction ID:</b> 2009M04L11ai03581            |
|           | City State Zip Code<br>Albemarle NC 28002-0429  | Amount of Each Receipt this Period<br>200.00        |
|           | FEC ID number of contributing federal political committee.<br>C   |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1201 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. M. J. Strahm  | Date of Receipt<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|           | Mailing Address 1705 Roosevelt Street<br>Apartment 61   | <b>Transaction ID:</b> 2009M04L11ai03582            |
|           | City State Zip Code<br>Sabetha KS 66534-2156  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Retired<br>Occupation Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>400.00                  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Michael Strain  | Date of Receipt<br>MM / DD / YYYY<br>03 / 24 / 2009 |
|           | Mailing Address 3818 Colony Woods Drive  | <b>Transaction ID:</b> 2009M04L11ai03583            |
|           | City State Zip Code<br>Sugar Land TX 77479-2843  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Spectrum Digital, Inc.<br>Occupation President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>490.00                  |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Leroy Strand   | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|           | Mailing Address 482 Strand Lane<br>P.O. Box 29  | <b>Transaction ID:</b> 2009M04L11ai03584            |
|           | City State Zip Code<br>Geyser MT 59447-0029   | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Self-Employed<br>Occupation Self-Employed<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 450.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1202 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Ada A. Strassenburgh

Mailing Address P.O. Box 608

City State Zip Code  
Ocean View NJ 08230-0608

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03585

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Stratbucker

Mailing Address 6796 Meadow View Drive

City State Zip Code  
Summerfield NC 27358-9153

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03586

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Gerald Stratbucker

Mailing Address 6796 Meadow View Drive

City State Zip Code  
Summerfield NC 27358-9153

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03587

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1203 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Terry Lee Stratton

Mailing Address 497 Choate Road

City Alvin State TX Zip Code 77511-0422

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03588  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles S. Strauch

Mailing Address 1681 Kettering

City Irvine State CA Zip Code 92614-5613

FEC ID number of contributing federal political committee. **C**

Name of Employer GA Services, L.L.C. Occupation Chairman/Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai03589  
Amount of Each Receipt this Period: 15000.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jocelyn Straus

Mailing Address 555 Argyle Avenue

City San Antonio State TX Zip Code 78209-5612

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai03590  
Amount of Each Receipt this Period: 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1204 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Miss Yolande H. Strawinski  
Mailing Address 1130 Sylvan Place

City Monterey State CA Zip Code 93940-4903

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Life Ins. Co. Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03591  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Alexis Street  
Mailing Address 1372 May Ave

City Atlanta State GA Zip Code 30316

FEC ID number of contributing federal political committee. **C**

Name of Employer The Street Household Occupation Stay At Home Mom

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03592  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Miss Doris Strelczyk  
Mailing Address 202 Fleetwood Drive

City Victoria State TX Zip Code 77901-3612

FEC ID number of contributing federal political committee. **C**

Name of Employer Hall Electric Company, Inc. Occupation Sales Clerk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2009  
Transaction ID: 2009M04L11ai03593  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1205 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Strickland

Mailing Address 545 Blue Heron Way

City State Zip Code  
Alpharetta GA 30004-2770

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03594  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul A. Strickland

Mailing Address 543 N. Marlborough Circle

City State Zip Code  
Shreveport LA 71106-6132

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03595  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judith S. Strickler

Mailing Address 1880 Keezletown Road

City State Zip Code  
Harrisonburg VA 22802-2707

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03596  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1206 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Nathan Stringer

Mailing Address P.O. Box 868

City State Zip Code  
Laurel MS 39441-0868

FEC ID number of contributing federal political committee. **C**

Name of Employer  
B. & R. Industrial Supply Company

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03597

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Nathan Stringer

Mailing Address P.O. Box 868

City State Zip Code  
Laurel MS 39441-0868

FEC ID number of contributing federal political committee. **C**

Name of Employer  
B. & R. Industrial Supply Company

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03598

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Merle D. Strowmatt

Mailing Address P.O. Box 82

City State Zip Code  
Versailles MO 65084-0082

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Self-Employed

Occupation  
Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03599

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

750.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1207 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Z. K. Strzalkowski

Mailing Address 6 Dandelion Drive

City State Zip Code  
Boiling Springs PA 17007-9735

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03600

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Z. K. Strzalkowski

Mailing Address 6 Dandelion Drive

City State Zip Code  
Boiling Springs PA 17007-9735

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03601

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William Stuart

Mailing Address P.O. Box 347

City State Zip Code  
Billings MT 59103

FEC ID number of contributing federal political committee. **C**

Name of Employer First Interstate Bank Occupation Trust Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03602

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **800.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1208 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
T. Stubblefield

Mailing Address 3521 E. Sunshine St.

City Springfield State MO Zip Code 65809-2814

FEC ID number of contributing federal political committee. **C**

Name of Employer Reliable Automotive, Inc. Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03603

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Sturges

Mailing Address 420 Avon Drive

City Pittsburgh State PA Zip Code 15228-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer Pennsylvania Drilling Company Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03604

Amount of Each Receipt this Period 400.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Murry B. Sturkie

Mailing Address 1996 E. Handel Court

City Meridian State ID Zip Code 83646-4734

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Of Idaho, P.C. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03605

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1209 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Philip Joseph Stutes

Mailing Address 1350 S. Richfield Road

City State Zip Code  
Duson LA 70529-3301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fugro Chance Inc. Engineer/Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

Transaction ID: 2009M04L11ai03606

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Amy Styczynski

Mailing Address 6239 Northwood Road

City State Zip Code  
Dallas TX 75225-2822

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03607

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Ivonne Gatell Suarez

Mailing Address 13315 S.W. 1St Terrace

City State Zip Code  
Miami FL 33184-1113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation Requested  
Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03608

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1210 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Col. Charles L. Sues, U.S.A. (Re)

Mailing Address 2710 Sailors Way

City State Zip Code  
Naples FL 34109-7624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03609

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Howard O. Suhm

Mailing Address 317 Indian Bluff Drive

City State Zip Code  
Kerrville TX 78028-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 725.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03610

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Eugene Sukup

Mailing Address 1379 Beeds Lake Drive

City State Zip Code  
Hampton IA 50441-7437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sukey Manufacturing Company Board Chair

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03611

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1211 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary E. Sukup

Mailing Address 1379 Beeds Lake Drive

City State Zip Code  
Hampton IA 50441-7437

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03612

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ed Sulcer

Mailing Address 11562 Columbia Highway

City State Zip Code  
Lynnville TN 38472-5065

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03613

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Valerie Jean Sulfaro

Mailing Address 2550 Maple Road

City State Zip Code  
Saginaw MI 48601-9415

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03614

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **885.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1212 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Donna J Sullivan

Mailing Address 504 Calera Place

City State Zip Code  
Fort Worth TX 76114-4121

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03615

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Emilie P. O. Sullivan

Mailing Address 265 E. 66Th Street  
Apartment 10C

City State Zip Code  
New York NY 10065-6490

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03616

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Emilie P. O. Sullivan

Mailing Address 265 E. 66Th Street  
Apartment 10C

City State Zip Code  
New York NY 10065-6490

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03617

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1213 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Harley Sullivan

Mailing Address 920 Congress Ave. #200

City Austin State TX Zip Code 78701

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai03618

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John D. Sullivan

Mailing Address 2210 Collingwood Road

City Alexandria State VA Zip Code 22308-1518

FEC ID number of contributing federal political committee. **C**

Name of Employer U.S. Chamber Of Commerce Occupation Association

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai03619

Amount of Each Receipt this Period 225.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Lynn S. Sullivan

Mailing Address 356 Summit County Road 2407

City Silverthorne State CO Zip Code 80498

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai03620

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 975.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1214 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mark Sullivan

Mailing Address 1428 Amador Ln.

City Pinon Hills State CA Zip Code 92372-9366

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 05 / 2009

Transaction ID: 2009M04L11ai03621

Amount of Each Receipt this Period 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. N. Dennis Sulser

Mailing Address 5085 Old Traveller Lane

City Mechanicsville State VA Zip Code 23111-6429

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 2009M04L11ai03622

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Danny Summers

Mailing Address 1500 S. 3000 E.

City Sugar City State ID Zip Code 83448-1231

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai03623

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **460.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1215 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Shirley Frances Summers

Mailing Address 200 Edgemere Court

City State Zip Code  
Oklahoma City OK 73118-8624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03624

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City State Zip Code  
Henderson NV 89011-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03625

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City State Zip Code  
Henderson NV 89011-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03626

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

425.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1216 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert Sunderland

Mailing Address 953 Pyrite Avenue

City Henderson State NV Zip Code 89011-3059

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 03 / 30 / 2009  
Transaction ID: 2009M04L11ai03627  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John H. Sundstrom

Mailing Address 405 Roseneath Road

City Richmond State VA Zip Code 23221-2341

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03628  
Amount of Each Receipt this Period 225.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Rozene R. Supple

Mailing Address 1850 Smoke Tree Lane

City Palm Springs State CA Zip Code 92264-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03629  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 825.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1217 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Daniel Surrells

Mailing Address P.O. Box 258  
75 Old Main Street

City Eagle Lake State ME Zip Code 04739-0258

FEC ID number of contributing federal political committee. **C**

Name of Employer Northeast Cad Occupation Self Employed/Drafting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 12 / 2009  
Transaction ID: 2009M04L11ai03630  
Amount of Each Receipt this Period 200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth H. Sutro

Mailing Address 3598 Jackson Street

City San Francisco State CA Zip Code 94118-1808

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 24 / 2009  
Transaction ID: 2009M04L11ai03631  
Amount of Each Receipt this Period 210.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Howard E. Sutton

Mailing Address P.O. Box 639

City Oil City State LA Zip Code 71061-0639

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2009  
Transaction ID: 2009M04L11ai03632  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 660.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1218 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Ms. Linda M. Sutton

Mailing Address P.O. Box 4027

City State Zip Code  
Kingman AZ 86402-4027

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03633

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael J. Svetlic

Mailing Address 7111 Country Wood Lane

City State Zip Code  
Kansas City MO 64152-1199

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03634

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. William Swaim

Mailing Address 2768 W. Casas Drive

City State Zip Code  
Tucson AZ 85742-9777

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03635

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

400.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1219 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Swain

Mailing Address 17258 E. Melody Drive

City State Zip Code  
Higley AZ 85234-0004

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03636

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sarah Swamy

Mailing Address 8635 Edgerton Blvd.

City State Zip Code  
Jamaica NY 11432-2936

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank Of New York Mellon Desk Supervisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03637

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Perry R. Swanson

Mailing Address 1700 Grandview Avenue  
Apartment 403

City State Zip Code  
Pittsburgh PA 15211-1050

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03638

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1220 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James E. Swart

Mailing Address 13652 Pine Villa Lane

City State Zip Code  
Fort Myers FL 33912-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03639

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James E. Swart

Mailing Address 13652 Pine Villa Lane

City State Zip Code  
Fort Myers FL 33912-1616

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai03640

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Mildred M. Swartzmiller

Mailing Address 319 S. Wood Street

City State Zip Code  
Chesaning MI 48616-1355

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03641

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1221 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Patrick H. Swearingen, Jr.

Mailing Address 310 Argyle Avenue

City San Antonio State TX Zip Code 78209-5609

FEC ID number of contributing federal political committee. **C**

Name of Employer Cox Smith Matthews, Inc. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03642  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Douglas Sweet

Mailing Address 3385 Eagle Bluff Drive

City Mound State MN Zip Code 55364-8596

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai03643  
Amount of Each Receipt this Period: 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Vernal R. Swenson

Mailing Address 1448 N. 1180 E.

City Shelley State ID Zip Code 83274-5100

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03644  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1222 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Keith R. Swerdfeger

Mailing Address 421 E. Industrial Blvd.

City Pueblo State CO Zip Code 81007-1415

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai03645  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City Nanuet State NY Zip Code 10954-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Montalbano, Condon & Frank, P. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03646  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City Nanuet State NY Zip Code 10954-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Montalbano, Condon & Frank, P. Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03647  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **575.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1223 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles P. Swift

Mailing Address 30 Cara Drive

City State Zip Code  
Nanuet NY 10954-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Montalbano, Condon & Frank, P. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03648

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John B. Swift, Jr.

Mailing Address 1809 Swift Mill Road

City State Zip Code  
Atmore AL 36502-1007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03649

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Guat S. Sy, Jr.

Mailing Address 29828 Cottonwood Court

City State Zip Code  
Farmington Hills MI 48331-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03650

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1224 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Slawomir Szczepanski | Date of Receipt   |
|   | Mailing Address 641 W. Willow Street<br>Apartment 107               | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 09 / 2009 |
|   | City State Zip Code<br>Chicago IL 60614-5176                        | <b>Transaction ID:</b> 2009M04L11ai03651  |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Amount of Each Receipt this Period<br>220.00  |
|   | Name of Employer Occupation<br>Jenkes & Gilchrist Lawyer            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>220.00                                  |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Lee L. Tabler        | Date of Receipt   |
|   | Mailing Address 8 Revell Street                                     | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 17 / 2009 |
|   | City State Zip Code<br>Annapolis MD 21401-2611                      | <b>Transaction ID:</b> 2009M04L11ai03652  |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Amount of Each Receipt this Period<br>500.00  |
|   | Name of Employer Occupation<br>Tdic Ceo                             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey P. Taft      | Date of Receipt   |
|   | Mailing Address 1001 N. Randolph Street<br>Apartment 810            | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 13 / 2009 |
|   | City State Zip Code<br>Arlington VA 22201-5608                      | <b>Transaction ID:</b> 2009M04L11ai03653  |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Amount of Each Receipt this Period<br>300.00  |
|   | Name of Employer Occupation<br>Mayer Brown Llp Lawyer               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00                                  |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1020.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1225 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James M. Tait

Mailing Address 700 Rockefeller Road

City State Zip Code  
Lake Forest IL 60045-3144

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03654

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roy Takeda

Mailing Address 3940 Royal Oak Place

City State Zip Code  
Encino CA 91436-3918

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai03655

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Takesian

Mailing Address 18 Westwood Terrace

City State Zip Code  
Lawrence MA 01843-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03656

Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **410.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1226 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David Takesian

Mailing Address 18 Westwood Terrace

City State Zip Code  
Lawrence MA 01843-1922

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03657

Amount of Each Receipt this Period  
40.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. O. James Talbott, II

Mailing Address 10 Ruxton Hill Rd.

City State Zip Code  
Towson MD 21204-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Mercantile Bankshores Corporation Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03658

Amount of Each Receipt this Period  
105.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Jennie L. Taliaferro

Mailing Address 5502 Glenwick Ln.

City State Zip Code  
Dallas TX 75209-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Self Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03659

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **170.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1227 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Jennie L. Taliaferro

Mailing Address 5502 Glenwick Ln.

City Dallas State TX Zip Code 75209-5108

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Real Estate Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009

Transaction ID: 2009M04L11ai03660

Amount of Each Receipt this Period: 75.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James M. Talkington

Mailing Address 6241 Little Dirt Rd.

City Panama City State FL Zip Code 32404-5728

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 16 / 2009

Transaction ID: 2009M04L11ai03661

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edwin Talledo

Mailing Address 3804 Platt Avenue

City Lynwood State CA Zip Code 90262-3633

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Unemployed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 30 / 2009

Transaction ID: 2009M04L11ai03662

Amount of Each Receipt this Period: 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1175.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1228 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Steven Tappe  
Mailing Address 3140 S Peoria K228  
City Aurora State CO Zip Code 80014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Property Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 19 / 2009  
Transaction ID: 2009M04L11ai03663  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Anthony G. Tappin  
Mailing Address 528 Forest Mews Drive  
City Oak Brook State IL Zip Code 60523-2618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03664  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Anthony G. Tappin  
Mailing Address 528 Forest Mews Drive  
City Oak Brook State IL Zip Code 60523-2618  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00  
Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03665  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1229 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles Tashjian

Mailing Address 56 Dartmouth Street

City Medford State MA Zip Code 02155-5950

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai03666

Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley G. Tate

Mailing Address 1175 N.E. 125Th Street Suite 102

City North Miami State FL Zip Code 33161-5009

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed Occupation Real Estate Developer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai03667

Amount of Each Receipt this Period 30400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David W. Tauber

Mailing Address P.O. Box 4645

City Houston State TX Zip Code 77210-4645

FEC ID number of contributing federal political committee. **C**

Name of Employer Tauber Oil Company Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 13 / 2009

Transaction ID: 2009M04L11ai03668

Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 31100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1230 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Arthur Tauck

Mailing Address 6 Bluff Pt

City State Zip Code  
Westport CT 06880-6902

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03669

Amount of Each Receipt this Period  
225.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Christopher T. Taylor

Mailing Address 16 Whitfield Road

City State Zip Code  
Baltimore MD 21210-2928

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03670

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Deborah R. Taylor

Mailing Address 1050 Seminole Drive  
Penthouse B.

City State Zip Code  
Fort Lauderdale FL 33304-3225

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03671

Amount of Each Receipt this Period  
225.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

950.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1231 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Edmund F. Taylor

Mailing Address 96 Clifffield Road

City Bedford State NY Zip Code 10506-1208

FEC ID number of contributing federal political committee. **C**

Name of Employer Credit Slisse First Boston Occupation Investment Banker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03672  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janice Taylor

Mailing Address 290 Brandywine Drive

City Colorado Springs State CO Zip Code 80906-7666

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03673  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Joel Taylor

Mailing Address 7812 Cadbury Avenue

City Potomac State MD Zip Code 20854-2995

FEC ID number of contributing federal political committee. **C**

Name of Employer Ts&L Occupation Ceo

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03674  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1600.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1232 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Raynor A.K. Taylor |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 813 Mariposa Court                                       |                                    | <b>Transaction ID:</b> 2009M04L11ai03675            |
|   | City<br>Virginia Beach   | State<br>VA                        | Zip Code<br>23455-4700                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>   |                                    | Amount of Each Receipt this Period<br>50.00         |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ronald Taylor           |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 25 / 2009 |
|   | Mailing Address 13032 Bow Place  |                                    | <b>Transaction ID:</b> 2009M04L11ai03676            |
|   | City<br>Santa Ana  | State<br>CA                        | Zip Code<br>92705-2014                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>100.00        |
|   | Name of Employer<br>Self-Employed                                      | Occupation<br>Self-Employed        |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>210.00 |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Thad M. Taylor          |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |
|   | Mailing Address 2704 S. Grove Street                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai03677            |
|   | City<br>Arlington  | State<br>VA                        | Zip Code<br>22202-2424                              |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    | Amount of Each Receipt this Period<br>40.00         |
|   | Name of Employer<br>Retired  | Occupation<br>Retired              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 190.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1233 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tommye D. Taylor

Mailing Address 205 N. 8Th Street

City Murray State KY Zip Code 42071-1936

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03678  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Taylor, Jr.

Mailing Address 6115 Avenue T.

City Brooklyn State NY Zip Code 11234-5901

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai03679  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mons L. Teigen

Mailing Address 19 Clover View Drive

City Helena State MT Zip Code 59601-0252

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai03680  
 Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1234 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Folsom Tenney

Mailing Address 3307 N.E. 2nd St.

City Gainesville State FL Zip Code 32609-2334

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Fla. Drywall&Plasterin Occupation Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 30 / 2009

Transaction ID: 2009M04L11ai03681

Amount of Each Receipt this Period 2000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John F. Tepe, Sr.

Mailing Address 8396 Maineville Road

City Maineville State OH Zip Code 45039-8611

FEC ID number of contributing federal political committee. **C**

Name of Employer Lt Enterprises Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai03682

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John F. Tepe, Sr.

Mailing Address 8396 Maineville Road

City Maineville State OH Zip Code 45039-8611

FEC ID number of contributing federal political committee. **C**

Name of Employer Lt Enterprises Occupation C.E.O.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 03 / 10 / 2009

Transaction ID: 2009M04L11ai03683

Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1235 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Ms. Ellen Terrett

Mailing Address 2304 Comstock Street

City State Zip Code  
Miles City MT 59301-5073

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 490.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03684

Amount of Each Receipt this Period

245.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City State Zip Code  
Mobile AL 36608-2378

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 25 / 2009

Transaction ID: 2009M04L11ai03685

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City State Zip Code  
Mobile AL 36608-2378

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03686

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶

595.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1236 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Russell Terry

Mailing Address 2 Wimbledon Drive W.

City State Zip Code  
Mobile AL 36608-2378

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03687

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Charles B. Tesar

Mailing Address 5105 Pacifica Dr.

City State Zip Code  
San Diego CA 92109-1505

FEC ID number of contributing federal political committee. **C**

Name of Employer Sharp Rees-Stealy Medical Group Inc Occupation Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03688

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Myroslawa Tesluk

Mailing Address 2607 George Avenue

City State Zip Code  
Cleveland OH 44134-2988

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03689

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1237 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol A. Teter

Mailing Address 85799 Bakers Ridge Road

City State Zip Code  
Jewett OH 43986-9765

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harrison Community Hospital Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03690

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Sylvia Thacker

Mailing Address 3945 Innsbruck Court

City State Zip Code  
Reno NV 89519-0637

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03691

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James Edward Tharp

Mailing Address 5089 S. E. Jack Avenue

City State Zip Code  
Stuart FL 34997-6796

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J. Tharp Const. Corp. Carpenter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03692

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1275.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1238 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David J. Thayer

Mailing Address 4415 Holland Avenue  
Unit A.

City State Zip Code  
Dallas TX 75219-5733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bank Of America, Na Svp/Group Operations Mgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03693

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George M. Thelen

Mailing Address 35380 E. Boot Lake Road

City State Zip Code  
Park Rapids MN 56470-4126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03694

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theodore Theodores

Mailing Address 50 Shepherds Way

City State Zip Code  
Barnstable MA 02630-1024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03695

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1239 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Theodore Theodores

Mailing Address 50 Shepherds Way

City State Zip Code  
**Barnstable MA 02630-1024**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03696**

Amount of Each Receipt this Period **105.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Thermanen

Mailing Address 5320 N. Lake Drive

City State Zip Code  
**Milwaukee WI 53217-5372**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Oethinger Tool Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 25 / 2009**

**Transaction ID: 2009M04L11ai03697**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Patricia Theyoung

Mailing Address 11206 Orange Hibiscus Lane

City State Zip Code  
**Palm Beach Gardens FL 33418-1515**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 02 / 2009**

**Transaction ID: 2009M04L11ai03698**

Amount of Each Receipt this Period **500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1240 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edward E. Thiele

Mailing Address 1704 Laguna Drive

City State Zip Code  
Richmond TX 77406-9738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03699

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steven Thode

Mailing Address 5805 Friars Road  
Apartment 2209

City State Zip Code  
San Diego CA 92110-6018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.S. Navy Scientist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03700

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Everett L Thomas, Jr.

Mailing Address 306 Pine Cliff Dr

City State Zip Code  
Seneca SC 29672-2233

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03701

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1600.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1241 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. K. P. Thomas

Mailing Address 8200 Horseshoe Bend Lane

City State Zip Code  
Las Vegas NV 89113-0127

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03702

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Karen R. Thomas

Mailing Address 3212 Winter Sun Terrace

City State Zip Code  
Oak Hill VA 20171-1939

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Raytheon Company Director Human Resources

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03703

Amount of Each Receipt this Period  
400.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Norris Lynwood Thomas, Jr.

Mailing Address 700 N. Dobson Road  
Unit 31

City State Zip Code  
Chandler AZ 85224-6940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pioneer Equipment, Inc. President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03704

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1242 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. W. R. Thomas  
 Mailing Address P.O. Box 1253  
 City State Zip Code  
 Jackson WY 83001-1253  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03705  
 Amount of Each Receipt this Period  
 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Daniel Thomas, Jr.  
 Mailing Address 212 Center Suite 400  
 City State Zip Code  
 Little Rock AR 72201-2435  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai03706  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Daniel Thomas, Jr.  
 Mailing Address 212 Center Suite 400  
 City State Zip Code  
 Little Rock AR 72201-2435  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai03707  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Self-Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1243 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Charles I. Thompson

Mailing Address 475 W. 12Th Avenue  
Unit 10A

City State Zip Code  
Denver CO 80204-3687

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03708

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Conrad Thompson

Mailing Address 901 17Th Street Ne

City State Zip Code  
Rochester MN 55906-4206

FEC ID number of contributing federal political committee. **C**

Name of Employer Pharmaceutical Specialties Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03709

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elisabeth P. Thompson

Mailing Address 2525 Jamestown Lane

City State Zip Code  
Montgomery AL 36111-1207

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03710

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1244 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Freida Wilburn Thompson  
Mailing Address 1129 Kelly Road

City State Zip Code  
Mount Holly NC 28120-9308

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03711

Amount of Each Receipt this Period  
110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jimmy Thompson  
Mailing Address P.O. Box 1227

City State Zip Code  
Clute TX 77531-1227

FEC ID number of contributing federal political committee. **C**

Name of Employer Cape Occupation Site Superintendent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03712

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
John Thompson  
Mailing Address 1847 North 150 East

City State Zip Code  
Centerville UT 84014-1039

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03713

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **860.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1245 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Judith G. Thompson

Mailing Address 103 Jumento Cay Lane

City State Zip Code  
Bonita Springs FL 34134-8504

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03714

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Larry Thompson

Mailing Address 1178 Hidden Creek Drive

City State Zip Code  
Dripping Springs TX 78620-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03715

Amount of Each Receipt this Period  
70.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry Thompson

Mailing Address 1178 Hidden Creek Drive

City State Zip Code  
Dripping Springs TX 78620-4634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03716

Amount of Each Receipt this Period  
105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1175.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1246 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Merrill Thompson

Mailing Address 4688 South Mill Road

City State Zip Code  
Carbon IN 47837-8544

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03717

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William M. Thompson

Mailing Address 5100 John D. Ryan Blvd.  
Apartment 634

City State Zip Code  
San Antonio TX 78245-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03718

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William M. Thompson

Mailing Address 5100 John D. Ryan Blvd.  
Apartment 634

City State Zip Code  
San Antonio TX 78245-3551

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03719

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1247 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald Thomson

Mailing Address 7101 Fellowship Road

City Basking Ridge State NJ Zip Code 07920-3911

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03720  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Arthur Thornton

Mailing Address 1409 W. Dow Rummel Street  
Apartment 202

City Sioux Falls State SD Zip Code 57104-7820

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03721  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ernest N. Thorp

Mailing Address 10834 Irish Row Road

City Clinton State IL Zip Code 61727-9294

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 05 / 2009  
Transaction ID: 2009M04L11ai03722  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1248 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Thorson  
 Mailing Address P.O. Box 9  
 City Mills State WY Zip Code 82644-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Hills Benton Occupation Mining  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03723  
 Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas A. Thorson  
 Mailing Address P.O. Box 9  
 City Mills State WY Zip Code 82644-0009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Black Hills Benton Occupation Mining  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00  
 Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03724  
 Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven E. Thresher  
 Mailing Address 394 Park St.  
 City Uniontown State PA Zip Code 15401-2181  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Requested Occupation Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00  
 Date of Receipt 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai03725  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 500.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 1249 / 1940             |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Roy Thronson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 2366 Miramonte Circle E.<br>Unit A.  | <b>Transaction ID:</b> 2009M04L11ai03726            |
|           | City State Zip Code<br>Palm Springs CA 92264-5738  | Amount of Each Receipt this Period<br>110.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>220.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Roy Thronson  | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | Mailing Address 2366 Miramonte Circle E.<br>Unit A.  | <b>Transaction ID:</b> 2009M04L11ai03727            |
|           | City State Zip Code<br>Palm Springs CA 92264-5738  | Amount of Each Receipt this Period<br>55.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>220.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey E Tickle   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 2222 Edgemont Avenue  | <b>Transaction ID:</b> 2009M04L11ai03728            |
|           | City State Zip Code<br>Bristol TN 37620-4727  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
|           | Name of Employer Bristol Tennessee City Schools Occupation Teacher<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>215.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1250 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Barbara N. Tidball

Mailing Address P.O. Box 308

City State Zip Code  
Ellison Bay WI 54210-0308

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai03729

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03730

Amount of Each Receipt this Period  
35.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03731

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **315.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1251 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03732

Amount of Each Receipt this Period  
30.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03733

Amount of Each Receipt this Period  
30.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bruce J. Tifeld

Mailing Address 22401 Hillside Avenue  
Apartment 1F

City State Zip Code  
Queens Village NY 11427-2002

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03734

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **90.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1252 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce J. Tifeld  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
| Mailing Address 22401 Hillside Avenue<br>Apartment 1F   |                                    | <b>Transaction ID:</b> 2009M04L11ai03735            |
| City<br>Queens Village  | State<br>NY                        | Zip Code<br>11427-2002                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer Requested  | Occupation Requested               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce J. Tifeld  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
| Mailing Address 22401 Hillside Avenue<br>Apartment 1F   |                                    | <b>Transaction ID:</b> 2009M04L11ai03736            |
| City<br>Queens Village  | State<br>NY                        | Zip Code<br>11427-2002                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer Requested  | Occupation Requested               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Bruce J. Tifeld  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
| Mailing Address 22401 Hillside Avenue<br>Apartment 1F   |                                    | <b>Transaction ID:</b> 2009M04L11ai03737            |
| City<br>Queens Village  | State<br>NY                        | Zip Code<br>11427-2002                              |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>30.00         |
| Name of Employer Requested  | Occupation Requested               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>275.00 |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1253 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George H. Tilghman

Mailing Address 4 Bassett Creek Trail N.

City State Zip Code  
Hobe Sound FL 33455-2231

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03738

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia A. Todd

Mailing Address 655 Weller Drive

City State Zip Code  
Mount Airy MD 21771-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03739

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert S. Todd

Mailing Address 130 Honeysuckle Drive

City State Zip Code  
Township Of Washin NJ 07676-5215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03740

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1254 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Rm. Bill Toellner

Mailing Address 2402 Park Lane Drive

City Woodward State OK Zip Code 73801-6331

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai03741

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City Odenton State MD Zip Code 21113-0491

FEC ID number of contributing federal political committee. **C**

Name of Employer D.D.K. Technology Group, Inc. Occupation Program Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03742

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Edward Toevs

Mailing Address P.O. Box 491

City Odenton State MD Zip Code 21113-0491

FEC ID number of contributing federal political committee. **C**

Name of Employer D.D.K. Technology Group, Inc. Occupation Program Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai03743

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1255 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Bernard E. Tofany   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
|           | Mailing Address 100 Hahnemann Trail<br>Apartment 211   | <b>Transaction ID:</b> 2009M04L11ai03744            |
|           | City Pittsford State NY Zip Code 14534-2351  | Amount of Each Receipt this Period<br>300.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>600.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Dr. Giles D. Toll   | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|           | Mailing Address 1037 Cottonwood Circle   | <b>Transaction ID:</b> 2009M04L11ai03745            |
|           | City Golden State CO Zip Code 80401-1794   | Amount of Each Receipt this Period<br>250.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>  |   |
|           | Name of Employer Retired Occupation Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Donald C. Tomasso  | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 9508 Purcell Drive  | <b>Transaction ID:</b> 2009M04L11ai03746            |
|           | City Potomac State MD Zip Code 20854-4542   | Amount of Each Receipt this Period<br>150.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   |   |
|           | Name of Employer Wakefield Capital Occupation Exec Vive Chairman<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 700.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1256 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James & Maxine Tomer

Mailing Address 21826 26Th Street E.

City State Zip Code  
Lake Tapps WA 98391-5640

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03747

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Gail Tomlinson

Mailing Address P.O. Box 3701

City State Zip Code  
Olympic Valley CA 96146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ret. Teacher

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03748

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Ginnie Tomlinson

Mailing Address 2401A Waterman Blvd.  
Suite 4-122

City State Zip Code  
Fairfield CA 94534-1800

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03749

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1257 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Frederick A. Tompkins

Mailing Address 10 Brookview Drive  
P.O. Box 63

City Derry State NH Zip Code 03038-0063

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai03750

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Giles Toole, Jr.

Mailing Address 3375 Capital Circle N.E.

City Tallahassee State FL Zip Code 32308-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03751

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Giles Toole, Jr.

Mailing Address 3375 Capital Circle N.E.

City Tallahassee State FL Zip Code 32308-1532

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03752

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1258 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. David B. Toothman  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |
| Mailing Address 301 W. Main Street<br>Suite 311   |                                    | <b>Transaction ID:</b> 2009M04L11ai03753            |
| City Ardmore  | State OK                           | Zip Code 73401-6322                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>45.00         |
| Name of Employer Self-Employed  | Occupation Self-Employed           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. David B. Toothman  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 16 / 2009 |
| Mailing Address 301 W. Main Street<br>Suite 311   |                                    | <b>Transaction ID:</b> 2009M04L11ai03754            |
| City Ardmore  | State OK                           | Zip Code 73401-6322                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>45.00         |
| Name of Employer Self-Employed  | Occupation Self-Employed           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. David B. Toothman  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 17 / 2009 |
| Mailing Address 301 W. Main Street<br>Suite 311   |                                    | <b>Transaction ID:</b> 2009M04L11ai03755            |
| City Ardmore  | State OK                           | Zip Code 73401-6322                                 |
| FEC ID number of contributing federal political committee. <b>C</b>   |                                    | Amount of Each Receipt this Period<br>45.00         |
| Name of Employer Self-Employed  | Occupation Self-Employed           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>255.00 |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 135.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1259 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Carolyn Topping

Mailing Address 4333 S.E. Seattle Slew Drive

City State Zip Code  
Lees Summit MO 64082-4938

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 226.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03756

Amount of Each Receipt this Period  
61.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Vivienne A. Topping

Mailing Address 1482 Country Lake Estates Drive

City State Zip Code  
Chesterfield MO 63005-4347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03757

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Willard Tormaschy

Mailing Address 819 8Th Avenue W.

City State Zip Code  
Dickinson ND 58601-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 235.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03758

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

596.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1260 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Willard Tormaschy

Mailing Address 819 8Th Avenue W.

City Dickinson State ND Zip Code 58601-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai03759

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Vinney Torres

Mailing Address 67-27 Harrow Street

City Forest Hills State NY Zip Code 11375-4123

FEC ID number of contributing federal political committee. **C**

Name of Employer Wang Law Office, Plc. Occupation Paralegal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 06 / 2009

Transaction ID: 2009M04L11ai03760

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. George C. Tostevin

Mailing Address 12555 37Th Avenue N.E.

City Seattle State WA Zip Code 98125-4654

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai03761

Amount of Each Receipt this Period 105.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 305.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1261 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George C. Tostevin

Mailing Address 12555 37Th Avenue N.E.

City State Zip Code  
Seattle WA 98125-4654

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03762

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. George C. Tostevin

Mailing Address 12555 37Th Avenue N.E.

City State Zip Code  
Seattle WA 98125-4654

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03763

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jesus M. Tovar

Mailing Address 2261 East 27Th Way

City State Zip Code  
Yuma AZ 85365-3280

FEC ID number of contributing federal political committee. **C**

Name of Employer T. & P. Farms, Inc. Occupation Agriculture

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai03764

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1262 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James Townsend

Mailing Address 4195 St. Catherine Rd.

City State Zip Code  
Bellevue IA 52031-9551

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03765

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Daniel J. Towslee

Mailing Address P.O. Box 69

City State Zip Code  
Woodinville WA 98072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Pacland Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03766

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Trevor D. Traina

Mailing Address 2780 Broadway Street

City State Zip Code  
San Francisco CA 94115-1105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03767

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1263 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Ann Gordon Trammell  |                                     | Date of Receipt   |
|   | Mailing Address 4605 Post Oak Place Dr.<br>Suite 270                |                                     | <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/> |
|   | City  | State                               | Zip Code  |
|   | Houston   | TX                                  | 77027-9745  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai03768  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed         | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼            | <input type="text" value="500.00"/>   |
|   |   | <input type="text" value="500.00"/> |   |

|   |   |  |   |
|---|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Patricia F. Travis   |  | Date of Receipt   |
|   | Mailing Address 3110 Battersea Lane                                 |  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/> |
|   | City  | State                                      | Zip Code  |
|   | Alexandria  | VA   | 22309-2104  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> 2009M04L11ai03769  |
| Name of Employer<br>Pitney Bowes  |   | Occupation<br>Vice President Of Operations | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼                   | <input type="text" value="260.00"/>   |
|   |   | <input type="text" value="260.00"/>        |   |

|   |   |  |   |
|---|---|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. David Treinen        |  | Date of Receipt   |
|   | Mailing Address 13505 Eagle Run Drive                               |  | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/> |
|   | City  | State                                  | Zip Code  |
|   | Omaha   | NE                                     | 68164-2481  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |  | <b>Transaction ID:</b> 2009M04L11ai03770  |
| Name of Employer<br>West Corporation  |   | Occupation<br>Executive Vice President | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼               | <input type="text" value="250.00"/>   |
|   |   | <input type="text" value="250.00"/>    |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1010.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1264 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Harold J. Trepagnier, Sr.

Mailing Address 6217 Kingston Road

City State Zip Code  
**Oklahoma City OK 73122-7601**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **03 / 16 / 2009**

**Transaction ID: 2009M04L11ai03771**

Amount of Each Receipt this Period **350.00**

**B.** Full Name (Last, First, Middle Initial)  
Col. Louis B. Trevathan, U.S.A. (Re

Mailing Address 12000 N. 90Th Street  
Apartment 1022

City State Zip Code  
**Scottsdale AZ 85260-8628**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 27 / 2009**

**Transaction ID: 2009M04L11ai03772**

Amount of Each Receipt this Period **300.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Joan S. Trew hitt

Mailing Address 8 Oakhill Drive

City State Zip Code  
**Woodside CA 94062-4253**

FEC ID number of contributing federal political committee. **C**

Name of Employer Wastech, Inc. Occupation Corporate Secretary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt **03 / 12 / 2009**

**Transaction ID: 2009M04L11ai03773**

Amount of Each Receipt this Period **2500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1265 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ethan L. Trexler

Mailing Address 1 Reading Drive

City Wernersville State PA Zip Code 19565-2018

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03774  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Treyer

Mailing Address 2432 Oak Avenue

City Northbrook State IL Zip Code 60062-5222

FEC ID number of contributing federal political committee. **C**

Name of Employer Sterling Fire Restoration, Ltd. Occupation Vice President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai03775  
 Amount of Each Receipt this Period: 200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Vivian Triplett

Mailing Address 3529 Valleycrest Trl.

City Trussville State AL Zip Code 35173-5198

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai03776  
 Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1266 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17             |                              |                              |                             |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>C. Troser  |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
| Mailing Address 110 West Van Buren Street<br>Room 303   |                                     | <b>Transaction ID:</b> 2009M04L11ai03777            |
| City Colorado Springs   | State CO                            | Zip Code 80907-6713                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer Self   | Occupation Investements             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Lawrence S. Troum  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
| Mailing Address 1945 Gulf Of Mexico Dr.<br>Unit 208   |                                    | <b>Transaction ID:</b> 2009M04L11ai03778            |
| City Longboat Key   | State FL                           | Zip Code 34228-3349                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>250.00        |
| Name of Employer Retired  | Occupation Retired                 |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Mr. Robert Trout   |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |
| Mailing Address 520 Galer Street<br>#300  |                                     | <b>Transaction ID:</b> 2009M04L11ai03779            |
| City Seattle  | State WA                            | Zip Code 98109-3387                                 |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer Self-Employed  | Occupation Self-Employed            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1267 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ray Kent Troutman  
 Mailing Address 6337 Klamath Road  
 City State Zip Code  
 Fort Worth TX 76116-1617  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai03780  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Marcia Trudeau  
 Mailing Address 8304 E. Woodland Park Drive  
 City State Zip Code  
 Spokane WA 99217-9228  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai03781  
 Amount of Each Receipt this Period  
 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Homemaker Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John Truitt  
 Mailing Address 7656 Pillion Way  
 City State Zip Code  
 Delaware OH 43015-8327  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2009  
**Transaction ID:** 2009M04L11ai03782  
 Amount of Each Receipt this Period  
 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tesa, Inc Occupation Manufacturers Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1268 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Joseph C. Trusina

Mailing Address 1706 Winding Willow Dr.

City State Zip Code  
Trinity FL 34655-7141

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03783

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Martha A. Trussell

Mailing Address P. O. Box 2168

City State Zip Code  
Columbus OH 43216-2168

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03784

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Oran J. Tsakopoulos

Mailing Address 902 Persian Garden

City State Zip Code  
San Antonio TX 78260-6658

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested  
Mass Mutual Financial Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03785

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **900.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1269 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Che S. Tsao

Mailing Address 1213 Forestwood Drive

City State Zip Code  
Mc Lean VA 22101-2603

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03786

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Vivian C. H. Tse

Mailing Address 955 Park Avenue

City State Zip Code  
New York NY 10028-0321

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03787

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Vivian C. H. Tse

Mailing Address 955 Park Avenue

City State Zip Code  
New York NY 10028-0321

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03788

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1270 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Anne M Tuchek

Mailing Address 421 Westminster Drive

City State Zip Code  
Burr Ridge IL 60527-8338

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03789

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. F. L. Tucker

Mailing Address 2304 Harmony Lane

City State Zip Code  
Hoover AL 35226-2406

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03790

Amount of Each Receipt this Period  
275.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William W. Tucker

Mailing Address 4554 Devonshire Rd.

City State Zip Code  
Atlanta GA 30338-5601

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03791

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1271 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. David F. Tufaro

Mailing Address 1817 Thames Street

City State Zip Code  
Baltimore MD 21231-3510

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03792

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Charles Tull

Mailing Address 3738 Cypress Club Drive  
Apartment D205

City State Zip Code  
Charlotte NC 28210-2490

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03793

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael F. Turansick

Mailing Address 47 Carlyle Lane

City State Zip Code  
Buffalo Grove IL 60089-1135

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fragomen Del Rey Bernsen Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03794

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1272 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert J. Turnberger |                                    | Date of Receipt   |
|   | Mailing Address 7 Lynn Court  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 06 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Wilmington  | DE                                 | 19808-4978  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03795  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired              | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>220.00 | 110.00  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. C R Turner           |                                    | Date of Receipt   |
|   | Mailing Address 3320 Herb Ct  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 23 / 2009 |
|   | City  | State                              | Zip Code  |
|   | Loveland  | CO                                 | 80537   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> 2009M04L11ai03796  |
| Name of Employer<br>Requested   |   | Occupation<br>Requested            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 | 250.00  |

|   |   |                                     |   |
|---|---|-------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Eddie W Turner       |                                     | Date of Receipt   |
|   | Mailing Address 3605 Rivers Call Blvd..                             |                                     | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>03 / 31 / 2009 |
|   | City  | State                               | Zip Code  |
|   | Atlanta   | GA                                  | 30339-8502  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | <b>Transaction ID:</b> 2009M04L11ai03797  |
| Name of Employer<br>Abm Industries, Inc.  |   | Occupation<br>Senior Advisor        | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>1000.00 | 1000.00   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1360.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1273 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael C. Turner

Mailing Address 86 Cumberland Drive

City Bluffton State SC Zip Code 29910-4820

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03798  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul M. Turner, Jr.

Mailing Address 251 Andrew Lane

City Canton State NC Zip Code 28716-5823

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03799  
Amount of Each Receipt this Period 220.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Abigail S. Turpin

Mailing Address 1620 Locust Ave Ste 1

City Fairmont State WV Zip Code 26554

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation Realtor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03800  
Amount of Each Receipt this Period 305.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 775.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1274 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mark C. Turrentine

Mailing Address 2166 Kurtz Road

City State Zip Code  
Holly MI 48442-8382

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03801

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Eric L. Tweedie

Mailing Address 345 Herman Melville Ave.

City State Zip Code  
Newport News VA 23606-2959

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03802

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Carl Scott Twichell, II

Mailing Address 6604 La Manga Drive

City State Zip Code  
Dallas TX 75248-2946

FEC ID number of contributing federal political committee. **C**

Name of Employer Howard's Tractor Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03803

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1275 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Dr. & Mrs. Jerry D. Twiggs | Date of Receipt<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|   | Mailing Address 1803 Boulder Springs Circle                           | <b>Transaction ID:</b> 2009M04L11ai03804            |
|   | City State Zip Code<br>Saint George UT 84790-8517                     | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b>   |   |
| Name of Employer Self-Employed<br>Occupation Self-Employed  | Aggregate Year-to-Date<br>250.00                                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Charles Tyler        | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Mailing Address 2713 Fox Glenn Court                                | <b>Transaction ID:</b> 2009M04L11ai03805            |
|   | City State Zip Code<br>Hurst TX 76054-2786                          | Amount of Each Receipt this Period<br>50.00         |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Self-Employed<br>Occupation Self-Employed  | Aggregate Year-to-Date<br>210.00                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William M Tynes      | Date of Receipt<br>MM / DD / YYYY<br>03 / 27 / 2009 |
|   | Mailing Address 5362 East Division                                  | <b>Transaction ID:</b> 2009M04L11ai03806            |
|   | City State Zip Code<br>Springfield MO 65802-9262                    | Amount of Each Receipt this Period<br>250.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |   |
| Name of Employer Springfield Grocer Company<br>Occupation Business Executive  | Aggregate Year-to-Date<br>250.00                                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>350.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1276 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Mike D. Tyrholm

Mailing Address 3703 Collier Lane

City State Zip Code  
Klamath Falls OR 97603-9644

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03807

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Mike D. Tyrholm

Mailing Address 3703 Collier Lane

City State Zip Code  
Klamath Falls OR 97603-9644

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03808

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Steve Uhlmann

Mailing Address 11401 E. Bella Vista Drive

City State Zip Code  
Scottsdale AZ 85259-5813

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03809

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1277 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City State Zip Code  
Cincinnati OH 45215-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03810

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City State Zip Code  
Cincinnati OH 45215-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03811

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Miss Ruth E. Ullom

Mailing Address 501 Chisholm Trail

City State Zip Code  
Cincinnati OH 45215-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai03812

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1278 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. J. C. Ulmer, Jr.

Mailing Address P. O. Box 6

City State Zip Code  
Elloree SC 29047-0006

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 351.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03813

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Umphenour

Mailing Address 104 Dorothy Street

City State Zip Code  
Lakehills TX 78063-6741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03814

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Shirley Umphenour

Mailing Address 104 Dorothy Street

City State Zip Code  
Lakehills TX 78063-6741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03815

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

350.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1279 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shirley Umphenour  
Mailing Address 104 Dorothy Street  
City Lakehills State TX Zip Code 78063-6741  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03816  
Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Earl J. Underbrink  
Mailing Address 712 Kenyon Road Apartment 309  
City Fort Dodge State IA Zip Code 50501-5791  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 03 / 25 / 2009  
Transaction ID: 2009M04L11ai03817  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Steven J. Underriter  
Mailing Address 12223 Murdo Court  
City Bristow State VA Zip Code 20136-1942  
FEC ID number of contributing federal political committee. **C**  
Name of Employer E.W.A., Inc. Occupation Analyst  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 205.00  
Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai03818  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 250.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1280 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven J. Underriter

Mailing Address 12223 Murdo Court

City State Zip Code  
**Bristow VA 20136-1942**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
E.W.A., Inc. Analyst

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **205.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 25 2009**

**Transaction ID: 2009M04L11ai03819**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Calvin K. Upp

Mailing Address 212 N. Elm Street

City State Zip Code  
**Wellington KS 67152-2937**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **225.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 20 2009**

**Transaction ID: 2009M04L11ai03820**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara Ann Upton

Mailing Address 2820 P. Street N. W.

City State Zip Code  
**Washington DC 20007-3066**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**03 26 2009**

**Transaction ID: 2009M04L11ai03821**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1281 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stanley W. Urban, Jr.  
Mailing Address 66 Terrace Dr.  
City Fruitland Park State FL Zip Code 34731-6392  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 18 / 2009  
Transaction ID: 2009M04L11ai03822  
Amount of Each Receipt this Period: 35.00

Name of Employer Requested: Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date: 205.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stanley W. Urban, Jr.  
Mailing Address 66 Terrace Dr.  
City Fruitland Park State FL Zip Code 34731-6392  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai03823  
Amount of Each Receipt this Period: 25.00

Name of Employer Requested: Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date: 205.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard P. Urfer  
Mailing Address 64 Blue Mill Road  
City Morristown State NJ Zip Code 07960-6714  
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03824  
Amount of Each Receipt this Period: 250.00

Name of Employer Requested: B. W. Capital Markets, Inc. Occupation Requested: Investment Banker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1282 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Glen Urquhart

Mailing Address 4 East Lake Drive

City State Zip Code  
Rehoboth Beach DE 19971-2927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Urquhart & Co Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai03825

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Glen Urquhart

Mailing Address 4 East Lake Drive

City State Zip Code  
Rehoboth Beach DE 19971-2927

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Urquhart & Co Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03826

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John Uttech

Mailing Address P.O. Box 496

City State Zip Code  
Watertown WI 53094-0496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wisconsin Pak, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai03827

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1283 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. William J. Utterback

Mailing Address 1700 E. 20Th Avenue

City Winfield State KS Zip Code 67156-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03828  
Amount of Each Receipt this Period: 110.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William J. Utterback

Mailing Address 1700 E. 20Th Avenue

City Winfield State KS Zip Code 67156-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03829  
Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Francis P. Valenti, Jr.

Mailing Address 2501 Commerce Drive

City Libertyville State IL Zip Code 60048-2495

FEC ID number of contributing federal political committee. **C**

Name of Employer Chicago Tag & Label, Inc. Occupation Manufacturer Business

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03830  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1135.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1284 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John A. Valentino

Mailing Address 4044 Costa Mesa Lane

City State Zip Code  
Rockledge FL 32955-5382

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03831

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jay P. Valentyn

Mailing Address 430 Western Avenue Sw

City State Zip Code  
Faribault MN 55021-5645

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03832

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City State Zip Code  
Syracuse NY 13207-1227

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03833

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1285 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert R. Vallee

Mailing Address 623 Stolp Avenue

City State Zip Code  
Syracuse NY 13207-1227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03834

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John J. Valloric

Mailing Address 2010 N. Brandywine Street

City State Zip Code  
Arlington VA 22207-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03835

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. John J. Valloric

Mailing Address 2010 N. Brandywine Street

City State Zip Code  
Arlington VA 22207-2213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03836

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

120.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1286 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Joan T. Valts

Mailing Address 961 E. Tennis Avenue

City State Zip Code  
Ambler PA 19002-2312

FEC ID number of contributing federal political committee. **C**

Name of Employer Valts Roofing, Inc. Occupation Bookkeeper

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03837  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Helen R. Van Buren

Mailing Address 2929 Buffalo Speedway Unit 912

City State Zip Code  
Houston TX 77098-1708

FEC ID number of contributing federal political committee. **C**

Name of Employer Houston Independent School District Occupation School Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03838  
Amount of Each Receipt this Period: 750.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John R. Van Cora

Mailing Address 134 Barbados Drive

City State Zip Code  
Jupiter FL 33458-2913

FEC ID number of contributing federal political committee. **C**

Name of Employer Weston Portfolio Group, L.L.C. Occupation Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 10 / 2009  
Transaction ID: 2009M04L11ai03839  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1287 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Van Demark

Mailing Address 189 Valley Road

City State Zip Code  
Katonah NY 10536-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gloenbock Eiseman Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03840

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Carl Van Demark

Mailing Address 189 Valley Road

City State Zip Code  
Katonah NY 10536-1712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Gloenbock Eiseman Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 6 / 2 0 0 9

Transaction ID: 2009M04L11ai03841

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Henry Van Klaveren

Mailing Address 5900 Woodland Avenue

City State Zip Code  
Modesto CA 95358-9523

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03842

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1288 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Col. Richard E. Van Ness

Mailing Address 1 Keahole Place  
Apartment 1618

City Honolulu State HI Zip Code 96825-3422

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 1 2 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03843

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Col. Richard E. Van Ness

Mailing Address 1 Keahole Place  
Apartment 1618

City Honolulu State HI Zip Code 96825-3422

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 3 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03844

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Gerrit Van Ommering

Mailing Address 11545 Newmont Court

City Gold River State CA Zip Code 95670-7716

FEC ID number of contributing federal political committee. **C**

Name of Employer Spece Systems Loral Occupation Director, R&D

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 3 / 2 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai03845

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1289 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mr. Tim L. Van Solkema

Mailing Address 2645 Blackhawk Road

City State Zip Code  
 Wilmette IL 60091-1257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Morgan Keegan Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03846

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Kendrick VanPelt

Mailing Address 315 Great Smokey Mountain Drive

City State Zip Code  
 Mebane NC 27302-7143

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2009

**Transaction ID:** 2009M04L11ai03847

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Robert Vanas

Mailing Address 918 Four Seasons Drive

City State Zip Code  
 Wayne NJ 07470-1949

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03848

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1290 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Stuart P. Vance

Mailing Address P.O. Box 733

City State Zip Code  
Starkville MS 39760-0733

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03849

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Ronald Vandenberghe

Mailing Address P.O. Box 490

City State Zip Code  
Danville CA 94526-3229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 12 / 2009

Transaction ID: 2009M04L11ai03850

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
Apartment 230

City State Zip Code  
Traverse City MI 49684-3907

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M  M /  D  D /  Y  Y  Y  Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03851

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1291 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
Apartment 230

City State Zip Code  
Traverse City MI 49684-3907

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03852

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Donald A. Vander Noot

Mailing Address 3950 Scenic Ridge  
Apartment 230

City State Zip Code  
Traverse City MI 49684-3907

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03853

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Harry P. Vanderborgh

Mailing Address 90 Division Avenue

City State Zip Code  
West Sayville NY 11796-1302

FEC ID number of contributing federal political committee. **C**

Name of Employer Sayville Ferry Service Occupation Mechanic

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** 2009M04L11ai03854

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1292 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Harry P. Vanderborgh

Mailing Address 90 Division Avenue

City State Zip Code  
West Sayville NY 11796-1302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sayville Ferry Service Mechanic

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

Transaction ID: 2009M04L11ai03855

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Gertrude K. Vandermark

Mailing Address 431 E. State Road

City State Zip Code  
Seneca PA 16346-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai03856

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Gertrude K. Vandermark

Mailing Address 431 E. State Road

City State Zip Code  
Seneca PA 16346-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ai03857

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

300.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1293 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Henry & Anna Vanderpol

Mailing Address 1402 Auburb Way N.  
P.M.B. 435

City Auburn State WA Zip Code 98002-3384

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai03858  
Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Tom Vandervort

Mailing Address 212 Powder House Blvd # 1

City Somerville State MA Zip Code 02144-1531

FEC ID number of contributing federal political committee. **C**

Name of Employer Delttek, Inc Occupation Product Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03859  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lodewyk H. Vanmierop

Mailing Address 2130 S.W. 43Rd Place

City Gainesville State FL Zip Code 32608-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 03 / 05 / 2009  
Transaction ID: 2009M04L11ai03860  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1294 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lodewyk H. Vanmierop

Mailing Address 2130 S.W. 43Rd Place

City State Zip Code  
Gainesville FL 32608-4082

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03861

Amount of Each Receipt this Period  
165.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Wilson & Gigi Varghese

Mailing Address 919 Canberra Road

City State Zip Code  
Lafayette LA 70503-5957

FEC ID number of contributing federal political committee. **C**

Name of Employer Alpha Automobile Sales, L. L. C. Occupation Business Car Dealership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03862

Amount of Each Receipt this Period  
105.00

**C.** Full Name (Last, First, Middle Initial)  
Joe Barb Vasquez

Mailing Address 121 Leather Leaf Lane

City State Zip Code  
Lebanon OH 45036-7711

FEC ID number of contributing federal political committee. **C**

Name of Employer Ret. Occupation Ret.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03863

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **770.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1295 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Joe Vaughan

Mailing Address 12221 Merit Drive  
Suite 1200

City State Zip Code  
Dallas TX 75251-3129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
E. P. C. O. Oil & Gas

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai03864

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Col. Nicolas Vay

Mailing Address 77 E. Missouri Avenue  
Unit 20

City State Zip Code  
Phoenix AZ 85012-1380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03865

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen G. Veale

Mailing Address 712 Meadow Field Court

City State Zip Code  
Mount Airy MD 21771-5666

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bechtel Power Corp. Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03866

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1296 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Tinkham Veale

Mailing Address P.O. Box 39

City State Zip Code  
Gates Mills OH 44040-0039

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
305.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03867

Amount of Each Receipt this Period  
305.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City State Zip Code  
Houston TX 77056-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

Transaction ID: 2009M04L11ai03868

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City State Zip Code  
Houston TX 77056-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03869

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **430.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1297 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Graciela Vela-Cuellar

Mailing Address 5110 San Felipe Street  
Unit 263W

City Houston State TX Zip Code 77056-3666

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 24 / 2009  
**Transaction ID:** 2009M04L11ai03870  
Amount of Each Receipt this Period 750.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey & Janelle Verhey

Mailing Address 933 13Th Avenue S.E.

City Minot State ND Zip Code 58701-2708

FEC ID number of contributing federal political committee. **C**

Name of Employer Trinity Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai03871  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John A. Verhoff

Mailing Address 145 E. Hartsdale Avenue  
Apartment 2A

City Hartsdale State NY Zip Code 10530-3306

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai03872  
Amount of Each Receipt this Period 90.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1090.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1298 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George C. Vernet

Mailing Address 89 Parsonage Lane

City State Zip Code  
Topsfield MA 01983-1321

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Real Estate

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai03873

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Florentino Versoza

Mailing Address 2215 Tannler Drive

City State Zip Code  
West Linn OR 97068-4102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Hefferman Insurance Brokers Vice President

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai03874

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Phillip Vetter

Mailing Address 8404 N. 75Th Street

City State Zip Code  
Scottsdale AZ 85258-2779

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai03875

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1299 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack T. Viele

Mailing Address 4900 Telegraph Road #127

City State Zip Code  
Ventura CA 93003-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03876

Amount of Each Receipt this Period  
10.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack T. Viele

Mailing Address 4900 Telegraph Road #127

City State Zip Code  
Ventura CA 93003-4131

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03877

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Francis T. Vincent, Jr.

Mailing Address 145 Sago Palm Road

City State Zip Code  
Vero Beach FL 32963-3702

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03878

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1300 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
John C. & Cheryl Vincent

Mailing Address 1604 Hollow Way Lane

City State Zip Code  
Quinlan TX 75474-2834

FEC ID number of contributing federal political committee. **C**

Name of Employer L3 Communications Occupation Senior Quality Control Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai03879  
Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
John C. & Cheryl Vincent

Mailing Address 1604 Hollow Way Lane

City State Zip Code  
Quinlan TX 75474-2834

FEC ID number of contributing federal political committee. **C**

Name of Employer L3 Communications Occupation Senior Quality Control Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 16 / 2009  
**Transaction ID:** 2009M04L11ai03880  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lucille Vincent

Mailing Address 536 Forest Lawn Road

City State Zip Code  
Webster NY 14580-1064

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai03881  
Amount of Each Receipt this Period: 110.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 185.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1301 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert C. Vincent

Mailing Address P.O. Box 7340

City State Zip Code  
Amarillo TX 79114-7340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03882

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles E. Virgin

Mailing Address 2700 S.W. 3rd Avenue  
Suite 1B

City State Zip Code  
Miami FL 33129-2430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03883

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Ms. Miriam Virgin

Mailing Address 260 Hemlock Street

City State Zip Code  
Broomfield CO 80020-2209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03884

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1250.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1302 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City State Zip Code  
San Rafael CA 94901-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United Markets Checker At Grocery Store

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 560.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03885

Amount of Each Receipt this Period  
240.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City State Zip Code  
San Rafael CA 94901-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United Markets Checker At Grocery Store

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 560.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03886

Amount of Each Receipt this Period  
160.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Viva Las Vegas

Mailing Address 29 Ridgewood Drive

City State Zip Code  
San Rafael CA 94901-1153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United Markets Checker At Grocery Store

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 560.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai03887

Amount of Each Receipt this Period  
160.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **560.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1303 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Elizabeth Vizzone |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 13 / 2009 |  |  |
|   | Mailing Address 159 Gates Avenue                                 |                                    | <b>Transaction ID:</b> 2009M04L11ai03888            |  |  |
|   | City<br>Montclair  | State<br>NJ                        | Zip Code<br>07042-2006                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C  |                                    |   |  |  |
|   | Name of Employer<br>Cool Cheeks Inc.                             | Occupation<br>Billing Manager      |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |   |                                    |   |  |  |
|---|---|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Eric M. Vogel    |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 12 / 2009 |  |  |
|   | Mailing Address 42 Blueberry Lane                               |                                    | <b>Transaction ID:</b> 2009M04L11ai03889            |  |  |
|   | City<br>Shelton   | State<br>CT                        | Zip Code<br>06484-3750                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                    |   |  |  |
|   | Name of Employer<br>Southwest Airlines                          | Occupation<br>Pilot                |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |  |                                     |   |   |  |
|---|--|-------------------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Kenneth & Joan E. Voges |                                     | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |   |  |
|   | Mailing Address 11118 Ost Road                                     |                                     | <b>Transaction ID:</b> 2009M04L11ai03890            |   |  |
|   | City<br>Red Bud  | State<br>IL                         | Zip Code<br>62278-4224                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C    |                                     |   |   |  |
|   | Name of Employer<br>Retired  | Occupation<br>Retired               |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00 |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1304 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Olaf T. Von Ramm

Mailing Address 4718 Harmony Church Road

City Efland State NC Zip Code 27243-9383

FEC ID number of contributing federal political committee. **C**

Name of Employer Duke University Occupation Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03891  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Barnabas F. Vorreiter

Mailing Address 3605 W. Hidden Lane Unit 304

City Rolling Hills Esta State CA Zip Code 90274-4190

FEC ID number of contributing federal political committee. **C**

Name of Employer Caltrans Occupation Civil Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03892  
Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road Apartment 170

City Cumberland State RI Zip Code 02864-8503

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 09 / 2009  
Transaction ID: 2009M04L11ai03893  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 320.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1305 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road  
Apartment 170

City State Zip Code  
Cumberland RI 02864-8503

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03894

Amount of Each Receipt this Period  
25.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Alfred F. Wade

Mailing Address 2970 Mendon Road  
Apartment 170

City State Zip Code  
Cumberland RI 02864-8503

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03895

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Nicole Wade

Mailing Address 123 Peachtree Circle NE

City State Zip Code  
Atlanta GA 30309-3204

FEC ID number of contributing federal political committee. **C**

Name of Employer Power Goldstein L.L.P Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03896

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1306 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Penelope Wadkins

Mailing Address 6002 Kettering Court

City State Zip Code  
Dallas TX 75248-2137

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai03897

Amount of Each Receipt this Period  
220.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Paul M. Waggoner

Mailing Address 600 E. 73Rd Avenue

City State Zip Code  
Hutchinson KS 67502-9753

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Waggoners Inc. Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03898

Amount of Each Receipt this Period  
120.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James A. Wagner

Mailing Address 4372 42Nd Street S.W.

City State Zip Code  
Grandville MI 49418-2311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

**Transaction ID:** 2009M04L11ai03899

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **540.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1307 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Wagner

Mailing Address 1824 W. Blue Ridge Way

City Chandler State AZ Zip Code 85248-5413

FEC ID number of contributing federal political committee. **C**

Name of Employer R.A.P.I., Ltd. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03900  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Carole Wakeman

Mailing Address 611 W. Hermosa Drive

City Fullerton State CA Zip Code 92835-1405

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 26 / 2009  
Transaction ID: 2009M04L11ai03901  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth C. Waldo, Jr.

Mailing Address 1000 Deerfield Road

City Raleigh State NC Zip Code 27609-5429

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03902  
Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1308 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth C. Waldo, Jr.

Mailing Address 1000 Deerfield Road

City State Zip Code  
Raleigh NC 27609-5429

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03903

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Allan Walker

Mailing Address 2436 21st St.

City State Zip Code  
Great Bend KS 67530-2433

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 280.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai03904

Amount of Each Receipt this Period  
180.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Kenneth O. Walker

Mailing Address 7975 Spiritwood Court

City State Zip Code  
Cincinnati OH 45243-1332

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai03905

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

680.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1309 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Walker

Mailing Address 56 Sutherland Drive

City Atherton State CA Zip Code 94027-6430

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03906

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Walker

Mailing Address 11 Blind Brook Lane

City Greenwich State CT Zip Code 06831-3202

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03907

Amount of Each Receipt this Period  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Walker

Mailing Address 11 Blind Brook Lane

City Greenwich State CT Zip Code 06831-3202

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03908

Amount of Each Receipt this Period  
 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1310 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. S. G. Walker

Mailing Address 7300 Westland Drive

City State Zip Code  
Knoxville TN 37919-7439

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03909

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Sharon Walker

Mailing Address 4775 Wright Bridge Road

City State Zip Code  
Cumming GA 30028-7977

FEC ID number of contributing federal political committee. **C**

Name of Employer Commercial Custom Concepts, Inc. Occupation Owner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai03910

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Phyllis Walker-Long

Mailing Address 77-401 Puu Wai Alii Pl.

City State Zip Code  
Kailua-Kona HI 96740

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation None

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03911

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1311 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James B. Wallace

Mailing Address 475 17Th Street  
Suite 1300

City State Zip Code  
Denver CO 80202-4024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03912

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City State Zip Code  
Macon GA 31212-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J.B. Hunt Transport Truck Driver

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03913

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City State Zip Code  
Macon GA 31212-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
J.B. Hunt Transport Truck Driver

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
243.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03914

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1040.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1312 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City Macon State GA Zip Code 31212-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer J.B. Hunt Transport Occupation Truck Driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai03915

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Wallace

Mailing Address P.O. Box 23218

City Macon State GA Zip Code 31212-3218

FEC ID number of contributing federal political committee. **C**

Name of Employer J.B. Hunt Transport Occupation Truck Driver

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11ai03916

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Michael J. Wallace

Mailing Address 945 Melvin Road

City Annapolis State MD Zip Code 21403-1315

FEC ID number of contributing federal political committee. **C**

Name of Employer Constellation Energy Occupation Energy Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai03917

Amount of Each Receipt this Period  
15000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 15040.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1313 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Maj. Gen. Stewart Wallace

Mailing Address 60901 E Rock Ledge Loop

City Tucson State AZ Zip Code 85739-1969

FEC ID number of contributing federal political committee. **C**

Name of Employer M. P. R. I. Inc. Occupation Business Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID: 2009M04L11ai03918**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Richard C. Walling

Mailing Address 700 Mill Creek Road

City Gladwyne State PA Zip Code 19035-1521

FEC ID number of contributing federal political committee. **C**

Name of Employer Express Marine, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 11 / 2009  
**Transaction ID: 2009M04L11ai03919**  
 Amount of Each Receipt this Period: 2500.00

**C.** Full Name (Last, First, Middle Initial)  
 Ms. Sallyann Walsh

Mailing Address 173 Dillon Tree Hill Ridge Road

City Darien State CT Zip Code 06820

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 12 / 2009  
**Transaction ID: 2009M04L11ai03920**  
 Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1314 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Hoyt D. Walter

Mailing Address 3640 Fox Run Drive

City Allentown State PA Zip Code 18103-9207

FEC ID number of contributing federal political committee. **C**

Name of Employer Service Electric Cablevision  
Occupation Business Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai03921  
Amount of Each Receipt this Period 350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John C. Walter

Mailing Address 9601 W. Tulip Drive

City Columbus State IN Zip Code 47201-8423

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired  
Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai03922  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Nunnaloy Walters

Mailing Address 4263 Ridgeway Drive

City Duluth State GA Zip Code 30097-2315

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested  
Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai03923  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1315 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mr. William B. Walters

Mailing Address 4612 Amherst Road

City State Zip Code  
College Park MD 20740-3624

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Of Maryland Professor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai03924

Amount of Each Receipt this Period  
400.00

B.

Full Name (Last, First, Middle Initial)  
Mrs. Diane A. Wamberg

Mailing Address 7 Fox Hunt Road

City State Zip Code  
Barrington Hills IL 60010-9603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 7 / 2 0 0 9

Transaction ID: 2009M04L11ai03925

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Major George E. Ward, Jr.

Mailing Address 4681B 4 Season Terrace #308

City State Zip Code  
Glen Allen VA 23060

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03926

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1316 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Major George E. Ward, Jr.  
Mailing Address 4681B 4 Season Terrace #308

City State Zip Code  
Glen Allen VA 23060

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03927

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James J. Ward  
Mailing Address 11 Mendonshire Road

City State Zip Code  
Honeoye Falls NY 14472-9719

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03928

Amount of Each Receipt this Period  
180.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Kelly Ward  
Mailing Address 1105 N. 6Th Avenue

City State Zip Code  
Laurel MS 39440-2714

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03929

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **480.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1317 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Capt. Marshall D. Ward  
Mailing Address 3229 28Th Street  
City San Diego State CA Zip Code 92104-4504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Ret.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 13 / 2009  
Transaction ID: 2009M04L11ai03930  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Capt. Marshall D. Ward  
Mailing Address 3229 28Th Street  
City San Diego State CA Zip Code 92104-4504  
FEC ID number of contributing federal political committee. **C**  
Name of Employer N/A Occupation Ret.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 03 / 31 / 2009  
Transaction ID: 2009M04L11ai03931  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James George Wardy  
Mailing Address 3939 S. Peardale Drive  
City Lafayette State CA Zip Code 94549-2823  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Comstock Capital Occupation Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 03 / 06 / 2009  
Transaction ID: 2009M04L11ai03932  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1318 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen J. Wargo

Mailing Address 1220 Upper Stump Road

City State Zip Code  
Chalfont PA 18914-1010

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03933

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janet B. Waring

Mailing Address 8737 Aintree Lane

City State Zip Code  
Burr Ridge IL 60527-8391

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 04 / 2009

**Transaction ID:** 2009M04L11ai03934

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. John H. Warner, Jr.

Mailing Address P.O. Box 2929

City State Zip Code  
La Jolla CA 92038-2929

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03935

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1100.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1319 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Richard B. Warner

Mailing Address 3 North 618 Trotter Lane

City State Zip Code  
Saint Charles IL 60175

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai03936

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Warren

Mailing Address 369 Mockingbird Lane

City State Zip Code  
Heber Springs AR 72543-7959

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03937

Amount of Each Receipt this Period  
90.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Richard E. Washburn

Mailing Address 3208 Santee Drive

City State Zip Code  
Murrells Inlet SC 29576-8222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai03938

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) .....

590.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1320 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Chris J. Washko

Mailing Address 1950 Fox Mountain Point

City State Zip Code  
Colorado Springs CO 80906-6909

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03939

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Waska

Mailing Address P.O. Box 755

City State Zip Code  
Sapulpa OK 74067-0755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Becco Contractors, Inc. Office Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03940

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Helen Waterman

Mailing Address 40 Loeffler Road  
Talcott 210

City State Zip Code  
Bloomfield CT 06002-2262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03941

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1321 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. John Waters

Mailing Address 49-0 Jackson Lake Road

City Chatsworth State GA Zip Code 30705-5155

FEC ID number of contributing federal political committee. **C**

Name of Employer United Minerals and Properties, Inc Occupation Minerals

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 25 / 2009  
**Transaction ID:** 2009M04L11ai03942  
 Amount of Each Receipt this Period: 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Mary Watkins

Mailing Address 1870 Bridle Ridge Trace

City Roswell State GA Zip Code 30075-2151

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 10 / 2009  
**Transaction ID:** 2009M04L11ai03943  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara R. Watson

Mailing Address P.O. Box 8

City Easley State SC Zip Code 29641-0008

FEC ID number of contributing federal political committee. **C**

Name of Employer None Occupation Artist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai03944  
 Amount of Each Receipt this Period: 230.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3230.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1322 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Bruce & Lydia Watson

Mailing Address 12228 Willingdon Road

City State Zip Code  
Huntersville NC 28078-5652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai03945

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. George A. Watson

Mailing Address 427 Grove Road

City State Zip Code  
Prosperity PA 15329-2010

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Micon Mining Contracting

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai03946

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Paul M. Watson

Mailing Address 31656 Sea Level Drive

City State Zip Code  
Malibu CA 90265-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai03948

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1323 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert C. Watson

Mailing Address 1140 5Th Avenue

City State Zip Code  
New York NY 10128-0806

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lyster Watson & Company Investment Advisor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03949

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Robert G. Watt

Mailing Address 4170 Whitewater Creek Road N.W.

City State Zip Code  
Atlanta GA 30327-3945

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai03950

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Steven R. Waymel

Mailing Address 1819 Denver West Drive #26-400

City State Zip Code  
Golden CO 80401-3118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Truckload Management Service Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai03951

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

850.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1324 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Steven R. Waymel

Mailing Address 1819 Denver West Drive #26-400

City State Zip Code  
Golden CO 80401-3118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Truckload Management Service Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03952

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie Clark Weatherby

Mailing Address 1463 Springleaf Circle S.E.

City State Zip Code  
Smyrna GA 30080-2403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Disabled Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03953

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lonnie Clark Weatherby

Mailing Address 1463 Springleaf Circle S.E.

City State Zip Code  
Smyrna GA 30080-2403

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Disabled Disabled

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03954

Amount of Each Receipt this Period  
70.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **295.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1325 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Malcolm H. Weathers, III

Mailing Address 2420 Surrey Lane S. E.

City State Zip Code  
Decatur AL 35601-6902

FEC ID number of contributing federal political committee. **C**

Name of Employer Radiology Group P. A. Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

Transaction ID: 2009M04L11ai03955

Amount of Each Receipt this Period  
350.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lynn A. Weaver

Mailing Address 338 E. Meadow Drive

City State Zip Code  
Mechanicsburg PA 17055-5187

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ai03956

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Lyndis Webb

Mailing Address 2300 West Chico Lane

City State Zip Code  
Yuma AZ 85365-3804

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai03957

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1326 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert I. Webb

Mailing Address 2630 Anthony Court

City Easton State PA Zip Code 18045-5287

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Ret.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1515.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03958  
 Amount of Each Receipt this Period 1500.00

**B.** Full Name (Last, First, Middle Initial)  
Roy Webb

Mailing Address 327 Whispering Hills

City Hot Springs State AR Zip Code 71901

FEC ID number of contributing federal political committee. **C**

Name of Employer Genesis Cancer Center Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 27 / 2009  
**Transaction ID:** 2009M04L11ai03959  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas L. Webb

Mailing Address 9030 W. Sahara Avenue

City Las Vegas State NV Zip Code 89117-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer The Webb Agency, Inc. Occupation Insurance Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2009  
**Transaction ID:** 2009M04L11ai03960  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 1327 / 1940             |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |   |  |  |
|-----------|---|---|---|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Zane Webb  |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 02 / 2009 |  |  |
|           | Mailing Address 5814 Republic Of Texas Blvd   |   | <b>Transaction ID:</b> 2009M04L11ai03961            |  |  |
|           | City<br>Austin  | State<br>TX   | Zip Code<br>78735-6317                              | Amount of Each Receipt this Period<br>250.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C   |   |   |  |  |
|           | Name of Employer<br>Texas Department Of Transportation<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Engineer Director<br>Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|           |  |   |   |  |  |
|-----------|--|---|---|--|--|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Greg & Sherry Webster   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|           | Mailing Address 30226 E. Legends Trail Dr.   |   | <b>Transaction ID:</b> 2009M04L11ai03962            |  |  |
|           | City<br>Spring   | State<br>TX   | Zip Code<br>77386-3004                              | Amount of Each Receipt this Period<br>500.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |   |   |  |  |
|           | Name of Employer<br>Faith Mfg. Inc.<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Owner<br>Aggregate Year-to-Date ▼<br>500.00 |   |  |  |

|           |  |   |   |  |  |
|-----------|--|---|---|--|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. William C. Webster   |   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|           | Mailing Address P.O. Box 526   |   | <b>Transaction ID:</b> 2009M04L11ai03963            |  |  |
|           | City<br>Cantonment   | State<br>FL   | Zip Code<br>32533-0526                              | Amount of Each Receipt this Period<br>100.00 |  |
|           | FEC ID number of contributing federal political committee.<br>C  |   |   |  |  |
|           | Name of Employer<br>Retired<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Occupation<br>Retired<br>Aggregate Year-to-Date ▼<br>300.00 |   |  |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 850.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1328 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jeff Wedge              |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 26 / 2009 |  |  |
|   | Mailing Address 7629 River Ranch Way                                   |                                    | <b>Transaction ID:</b> 2009M04L11ai03964            |  |  |
|   | City<br>Sacramento   | State<br>CA                        | Zip Code<br>95831-4426                              | Amount of Each Receipt this Period<br>100.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
| Name of Employer Requested  |  | Occupation<br>Sales Executive      |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>350.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Kisa E. Weeman          |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 30 / 2009 |  |  |
|   | Mailing Address 1500 Riffel Road                                       |                                    | <b>Transaction ID:</b> 2009M04L11ai03965            |  |  |
|   | City<br>Wooster  | State<br>OH                        | Zip Code<br>44691-8504                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
| Name of Employer Ret.   |  | Occupation<br>Physician            |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>250.00 |   |  |  |

|   |  |                                    |   |  |  |
|---|--|------------------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Johnny Ray Weems        |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 09 / 2009 |  |  |
|   | Mailing Address 141 Oak Drive  |                                    | <b>Transaction ID:</b> 2009M04L11ai03966            |  |  |
|   | City<br>Muscle Shoals  | State<br>AL                        | Zip Code<br>35661-4012                              | Amount of Each Receipt this Period<br>200.00 |  |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> |                                    |   |  |  |
| Name of Employer Requested  |  | Occupation<br>Requested            |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>275.00 |   |  |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1329 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert N. Weichbrodt

Mailing Address 920-C Masters Row  
Apartment C.

City State Zip Code  
Glen Allen VA 23059-7431

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U. S. D. A. Rus Public Utilities Specialist

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03967

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Rachel N. Weidman

Mailing Address 949 Deforest Road

City State Zip Code  
Coppell TX 75019-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai03968

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Pauline M. Weigle

Mailing Address 3200 Baker Circle  
Unit A217

City State Zip Code  
Adamstown MD 21710-9672

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03969

Amount of Each Receipt this Period  
600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1330 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Karl M. Weiler

Mailing Address P.O. Box 234

City State Zip Code  
Buck Hill Falls PA 18323-0234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Weller Corporation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03970

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kurt J. Weis

Mailing Address W248N5550 Executive Drive

City State Zip Code  
Sussex WI 53089-4380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai03971

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert Weisberger

Mailing Address 1697 Brookwood Drive

City State Zip Code  
Akron OH 44313-5065

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03972

Amount of Each Receipt this Period  
1200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1331 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Tom Weitzenkamp

Mailing Address 116 County Road 19

City State Zip Code  
Hooper NE 68031-2160

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03973

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Janet D. Welch

Mailing Address 19725 Schutte Farm Raod

City State Zip Code  
Corcoran MN 55340

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai03974

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John C. Wellemeyer

Mailing Address 89 Rosedale Road

City State Zip Code  
Princeton NJ 08540-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai03975

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1332 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Francis R. Welles

Mailing Address 106 Wee Loch Drive

City Cary State NC Zip Code 27511-3885

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 20 / 2009

Transaction ID: 2009M04L11ai03976

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jessie K. Wells

Mailing Address 296 Canterbury Road  
Apartment D.

City Bel Air State MD Zip Code 21014-9006

FEC ID number of contributing federal political committee. **C**

Name of Employer Housewife Occupation Housewife

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 03 / 19 / 2009

Transaction ID: 2009M04L11ai03977

Amount of Each Receipt this Period 60.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. John G. Wells

Mailing Address 1769 Rosecrest Drive

City Salt Lake City State UT Zip Code 84108-2641

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 2009M04L11ai03978

Amount of Each Receipt this Period 270.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **830.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1333 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. LaVerne Wells

Mailing Address 2012 Garst Cir.

City Boone State IA Zip Code 50036-4450

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 206.00

Date of Receipt 03 / 23 / 2009  
Transaction ID: 2009M04L11ai03979  
Amount of Each Receipt this Period 105.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. William Welsh

Mailing Address 7624 Painter Avenue Suite 100

City Whittier State CA Zip Code 90602-2327

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt 03 / 17 / 2009  
Transaction ID: 2009M04L11ai03980  
Amount of Each Receipt this Period 205.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Stephen T. Welton

Mailing Address 447 N. Ingram Road

City Sikeston State MO Zip Code 63801-5151

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt 03 / 20 / 2009  
Transaction ID: 2009M04L11ai03981  
Amount of Each Receipt this Period 220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 530.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1334 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary J. Welty

Mailing Address 8126 Cross Country Dr.

City State Zip Code  
Humble TX 77346-6114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Open Solutions, Inc. Computer Programming Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai03982

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Wendorf

Mailing Address 173 Albert Lane

City State Zip Code  
Port Charlotte FL 33954-3705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Forsberg Construction Inc. Contractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai03983

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald L. Wenger

Mailing Address P.O. Box 183

City State Zip Code  
Sabetha KS 66534-0183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai03984

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1335 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. Peter Wenig

Mailing Address 3713 Nottinghill Drive

City Joplin State MO Zip Code 64804-6046

FEC ID number of contributing federal political committee. **C**

Name of Employer Southwest Radiology Occupation Radilologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai03985  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Amy M. Wenn

Mailing Address 512 Harrogate Road

City Matthews State NC Zip Code 28105-2640

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolinas Health Care System Occupation Registered Nurse

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11ai03986  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City Clinton Township State MI Zip Code 48036-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 03 / 02 / 2009  
**Transaction ID:** 2009M04L11ai03987  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1336 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |                          |    |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City State Zip Code  
Clinton Township MI 48036-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03988

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wolfgang Wenzlawe

Mailing Address 39165 Cypress Street

City State Zip Code  
Clinton Township MI 48036-1819

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai03989

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jacques Alan Wertheimier

Mailing Address 10101 Angelo View Drive

City State Zip Code  
Beverly Hills CA 90210-2038

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai03990

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1337 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Stephen E. Wesley

Mailing Address 19019 West Piney Point Avenue

City State Zip Code  
Baton Rouge LA 70817-2736

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai03991

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Lea West

Mailing Address 23403 Holly Hollow

City State Zip Code  
Tomball TX 77377-3686

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai03992

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Milton West

Mailing Address 8800 Woodway Drive  
Apartment 14

City State Zip Code  
Houston TX 77063-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai03993

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1338 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Ray West

Mailing Address 3107 Metz Drive

City Midland State TX Zip Code 79705-4825

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 2009M04L11ai03994

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Barbara R. Westbrook

Mailing Address 2991 Hardman Court N.E.

City Atlanta State GA Zip Code 30305-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Westbrook Interiors Occupation Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai03995

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara R. Westbrook

Mailing Address 2991 Hardman Court N.E.

City Atlanta State GA Zip Code 30305-3424

FEC ID number of contributing federal political committee. **C**

Name of Employer Westbrook Interiors Occupation Designer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 27 / 2009

Transaction ID: 2009M04L11ai03996

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1339 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. H. Martin Westfall

Mailing Address 467 Retreat Lane N.

City Powell State OH Zip Code 43065-7609

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 05 / 2009  
Transaction ID: 2009M04L11ai03997  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jack Westfall

Mailing Address 21481 S. Ferguson Road

City Beavercreek State OR Zip Code 97004-7615

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 03 / 16 / 2009  
Transaction ID: 2009M04L11ai03998  
Amount of Each Receipt this Period: 360.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Lorraine Westley

Mailing Address 8900 River Ridge Road

City Bloomington State MN Zip Code 55425-2181

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai03999  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 960.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1340 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Lorraine Westley

Mailing Address 8900 River Ridge Road

City State Zip Code  
Bloomington MN 55425-2181

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 13 / 2009

**Transaction ID:** 2009M04L11ai04000

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas L. Whaley

Mailing Address P.O. Box P.

City State Zip Code  
Marshall TX 75671-0320

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan & Whately Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai04001

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Thomas L. Whaley

Mailing Address P.O. Box P.

City State Zip Code  
Marshall TX 75671-0320

FEC ID number of contributing federal political committee. **C**

Name of Employer Logan & Whately Occupation Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai04002

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1341 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Ken Wheat |  | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 4327 Ivy Hall Drive                      |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 | 9 |
|   | M  | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3  |   | 1 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Columbia SC 29206-1224            |  | <b>Transaction ID:</b> 2009M04L11ai04003  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>100.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer<br>Boyd Management Inc. Partner  |  | Occupation<br>Real Estate Management         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>300.00           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mrs. Diane Wheatley |  | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 12088 E. Ida Circle                            |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 9 |  | 2 | 0 | 0 | 9 |
|   | M  | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3  |   | 0 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Englewood CA 80111                      |  | <b>Transaction ID:</b> 2009M04L11ai04004  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |  | Amount of Each Receipt this Period<br>500.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Requested  |  | Occupation Requested                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. C. R. Wheatly, Jr. |  | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 719 Front Street                                  |  | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 4 |  | 2 | 0 | 0 | 9 |
|   | M   | M  | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3  |   | 2 | 4 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | City State Zip Code<br>Beaufort NC 28516-2229                     |  | <b>Transaction ID:</b> 2009M04L11ai04005  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee. <b>C</b>   |   | Amount of Each Receipt this Period<br>300.00 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Self-Employed  |   | Occupation Self-Employed                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼<br>300.00           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1342 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. David K. Wheeler

Mailing Address P.O. Box 611

City State Zip Code  
Cottage Grove OR 97424-0026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai04006

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David K. Wheeler

Mailing Address P.O. Box 611

City State Zip Code  
Cottage Grove OR 97424-0026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai04007

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. David K. Wheeler

Mailing Address P.O. Box 611

City State Zip Code  
Cottage Grove OR 97424-0026

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai04008

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1343 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Annelle R. White

Mailing Address 5929 Saint Andrews Drive

City State Zip Code  
Dallas TX 75205-1727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai04009

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Barry F. White

Mailing Address 5877 Brierfield Ave.

City State Zip Code  
Memphis TN 38120-2309

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Farris Matthews Law Firm Lawyer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai04010

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. James Lee White

Mailing Address 2576 Fallen Leaf Lane

City State Zip Code  
Charlottesville VA 22901-5224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Uva Associate Professor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04011

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1344 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Keith White

Mailing Address 7735 Fairview Rd.

City State Zip Code  
Houston TX 77041-2113

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Advanced Property Services Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai04012

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard Matthew White

Mailing Address 342 E. Warren Avenue

City State Zip Code  
Longwood FL 32750-4271

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai04013

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Sandra A. White

Mailing Address 38 Eagle Creek Drive

City State Zip Code  
Norwalk OH 44857-8852

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L11ai04014

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1345 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Todd A White

Mailing Address 2 Bardion Ln

City State Zip Code  
Harrison NY 10528-1508

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04015

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Mildred Whitehurst

Mailing Address 1601 43Rd Street N.  
Apartment 110

City State Zip Code  
St. Petersburg FL 33713-4600

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04016

Amount of Each Receipt this Period  
200.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Billy Whiteside

Mailing Address 9331 Rosner Drive

City State Zip Code  
Lenexa KS 66219-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 9 / 2 0 0 9

Transaction ID: 2009M04L11ai04017

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1346 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Billy Whiteside

Mailing Address 9331 Rosner Drive

City State Zip Code  
Lenexa KS 66219-2215

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04018

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Stuart H. Whitlock

Mailing Address 101 Orange Street

City State Zip Code  
Nantucket MA 02554-0035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Opperheimer & Company Sales

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 0 9

Transaction ID: 2009M04L11ai04019

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Paul Whitmire

Mailing Address 22405 59Th Avenue West

City State Zip Code  
Mountlake Terrace WA 98043-3701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Boeing Company Engineer

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

Transaction ID: 2009M04L11ai04020

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1347 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Sam E. Whittington

Mailing Address 1191 Brookfield Road

City State Zip Code  
Memphis TN 38119-5007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04021

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. David G. Whorton

Mailing Address 1646 Stanford Avenue

City State Zip Code  
Menlo Park CA 94025-5757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tugboat Entrepreneur

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai04022

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. William F. Wichers

Mailing Address 4211 Deer Run

City State Zip Code  
Casper WY 82601-6014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 13 / 2009

Transaction ID: 2009M04L11ai04023

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

575.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1348 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|--|--|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Mrs. Nann Alix Wickwire Magrill |                                    | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | Mailing Address 1522 Deer Run Road   |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 7 |  | 2 | 0 | 9 |  |
|  | M  | M                                  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | 0  | 3                                  |  | 1 | 7 |   | 2 | 0 | 9 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | City State Zip Code<br>Mountain City TN 37683-4070                         |                                    | <b>Transaction ID:</b> 2009M04L11ai04024   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |  | Amount of Each Receipt this Period |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| Name of Employer: Retired<br>Occupation: Retired<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 300.00 |  | 300.00                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

|  |   |                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|--|---|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>Mrs. Joann Wiedenhofer |                                    | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | Mailing Address 2633 S.W. Conch Cove Lane                         |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 4 |  | 2 | 0 | 9 |  |
|  | M   | M                                  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | 0   | 3                                  |  | 0 | 4 |   | 2 | 0 | 9 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | City State Zip Code<br>Palm City FL 34990-2821                    |                                    | <b>Transaction ID:</b> 2009M04L11ai04025   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| Name of Employer: Self-Employed<br>Occupation: Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 210.00 |   | 105.00                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

|  |   |                                    |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|--|---|------------------------------------|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>Mrs. Joann Wiedenhofer |                                    | Date of Receipt  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | Mailing Address 2633 S.W. Conch Cove Lane                         |                                    | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 6 |  | 2 | 0 | 9 |  |
|  | M   | M                                  | /  | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | 0   | 3                                  |  | 1 | 6 |   | 2 | 0 | 9 |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
|  | City State Zip Code<br>Palm City FL 34990-2821                    |                                    | <b>Transaction ID:</b> 2009M04L11ai04026   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>  |   | Amount of Each Receipt this Period |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |
| Name of Employer: Self-Employed<br>Occupation: Self-Employed<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼ 210.00 |   | 105.00                             |  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 510.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1349 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Col. Michael H. Wieland

Mailing Address 1800 Riviera Lane

City State Zip Code  
O'Fallon IL 62269-6696

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai04027

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter Wielinga

Mailing Address 3924 Willowwood Road

City State Zip Code  
Martinez GA 30907-2432

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai04028

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Herve N Wiener

Mailing Address 31 Glenwood Av

City State Zip Code  
New Rochelle NY 10801-3601

FEC ID number of contributing federal political committee. **C**

Name of Employer Westchester County, Ny Occupation Technician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai04029

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **450.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1350 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John Wiggins

Mailing Address 2305 Brwig Road

City State Zip Code  
Spring Hope NC 27882-9111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** 2009M04L11ai04030

Amount of Each Receipt this Period  
30.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. John Wiggins

Mailing Address 2305 Brwig Road

City State Zip Code  
Spring Hope NC 27882-9111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai04031

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John Wiggins

Mailing Address 2305 Brwig Road

City State Zip Code  
Spring Hope NC 27882-9111

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai04032

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **130.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1351 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Mark Wihl

Mailing Address 34669 Brichetto Court

City State Zip Code  
Tracy CA 95377-9357

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai04033

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Elmer D. Wilcox

Mailing Address 919 109Th Avenue N.E.  
Apartment 1201

City State Zip Code  
Bellevue WA 98004-4496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai04034

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mark Wilkes

Mailing Address 971 W Fm 303

City State Zip Code  
Meadow TX 79345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Farmer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai04035

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1352 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Wilkey

Mailing Address 5112 State Road 83

City Hartland State WI Zip Code 53029-9306

FEC ID number of contributing federal political committee. **C**

Name of Employer Fisher Barton Inc. Occupation Manufacturing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai04036  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Jo A Wilks

Mailing Address 2511 County Rd 169

City Cisco State TX Zip Code 76437

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 03 / 2009  
Transaction ID: 2009M04L11ai04037  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. James W. Will

Mailing Address 2707 Garfield Road

City Tacoma State WA Zip Code 98403-2919

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: 2009M04L11ai04038  
Amount of Each Receipt this Period: 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1353 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Verne M. Willaman

Mailing Address 1535 Wild Rye Way

City State Zip Code  
Arroyo Grande CA 93420-4935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04039

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gene Willard

Mailing Address 30372 Blue Heron St

City State Zip Code  
Denham Springs LA 70726-1791

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sandpoint Leasing, Llc Landman

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04040

Amount of Each Receipt this Period  
75.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Bennie W. Williams

Mailing Address 5068 Lerch Drive

City State Zip Code  
Shady Side MD 20764-9652

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 9 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04041

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **625.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1354 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. David A. Williams

Mailing Address 690 Spring Lake Drive

City Pearl State MS Zip Code 39208-6645

FEC ID number of contributing federal political committee. **C**

Name of Employer Horne, L.L.P. Occupation C.P.A.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 19 / 2009  
**Transaction ID:** 2009M04L11ai04042  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Joe Williams

Mailing Address 620 N. Lamar Blvd.

City Oxford State MS Zip Code 38655-3208

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai04043  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Forrest D. Williams

Mailing Address 4870 Mayde Court

City Fairfax State VA Zip Code 22030-6618

FEC ID number of contributing federal political committee. **C**

Name of Employer S.A.I.C. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 05 / 2009  
**Transaction ID:** 2009M04L11ai04044  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1355 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |                                      |                                       |  |
|---|--|--------------------------------------|---------------------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. George Williams |                                      | Date of Receipt                       |  |
|   | Mailing Address 517 Sunset Drive                               |                                      | M M / D D / Y Y Y Y<br>03 / 03 / 2009 |  |
|   | City   | State                                | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai04045 |
|   | Bay St. Louis  | MS                                   | 39520-2816                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee.     | C                                    |                                       | 300.00                                   |
| Name of Employer<br>Isle Of Capri Casinos, Inc.   |  | Occupation<br>Sr. Dir Govt Relations |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             |                                       |  |
|   |  | 300.00                               |                                       |  |

|   |   |                             |                                       |  |
|---|---|-----------------------------|---------------------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Harold B. Williams |                             | Date of Receipt                       |  |
|   | Mailing Address 2070 McKain Street                                |                             | M M / D D / Y Y Y Y<br>03 / 02 / 2009 |  |
|   | City  | State                       | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai04046 |
|   | Calabasas   | CA                          | 91302-2317                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee.        | C                           |                                       | 100.00                                   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |                                       |  |
|   |   | 300.00                      |                                       |  |

|   |   |                             |                                       |  |
|---|---|-----------------------------|---------------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Harold B. Williams |                             | Date of Receipt                       |  |
|   | Mailing Address 2070 McKain Street                                |                             | M M / D D / Y Y Y Y<br>03 / 10 / 2009 |  |
|   | City  | State                       | Zip Code                              | <b>Transaction ID:</b> 2009M04L11ai04047 |
|   | Calabasas   | CA                          | 91302-2317                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee.        | C                           |                                       | 200.00                                   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |                                       |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    |                                       |  |
|   |   | 300.00                      |                                       |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1356 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Jo Williams

Mailing Address 4017 Resthaven Road

City State Zip Code  
High Point NC 27265

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5981.14

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai04048

Amount of Each Receipt this Period  
5981.14

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Joan W. Williams

Mailing Address 1629 Panorama Drive

City State Zip Code  
Birmingham AL 35216-3703

FEC ID number of contributing federal political committee. **C**

Name of Employer Homemaker Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai04049

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Judy Williams

Mailing Address P.O. Box 1286

City State Zip Code  
Odessa TX 79760-1286

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

**Transaction ID:** 2009M04L11ai04050

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6481.14**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1357 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert P. Williams

Mailing Address 369 Jackson Hill Rd.

City Middlefield State CT Zip Code 06455-1290

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 26 / 2009  
**Transaction ID:** 2009M04L11ai04051  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ted Williamson, Jr.

Mailing Address P.O. Box 178  
New Mexico 262

City Milnesand State NM Zip Code 88125

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 23 / 2009  
**Transaction ID:** 2009M04L11ai04052  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. David Willis

Mailing Address 2301 Lucretia Ct.

City Sanford State FL Zip Code 32771-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Ccmc Inc. Occupation Software Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2009  
**Transaction ID:** 2009M04L11ai04053  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **400.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1358 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. David Willis

Mailing Address 2301 Lucretia Ct.

City State Zip Code  
Sanford FL 32771-4603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ccmc Inc. Software Engineer

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai04054

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Gar C. Willis

Mailing Address 134 Phanturn Lane

City State Zip Code  
Bellaire TX 77401-2607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self Employed Geologist

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai04055

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. K. Dean Willis

Mailing Address 2504 Cranfield Road S.E.

City State Zip Code  
Owens Cross Roads AL 35763-9396

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alabama Pain Center Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai04056

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1359 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City State Zip Code  
San Francisco CA 94123-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai04057

Amount of Each Receipt this Period

|         |
|---------|
| 1000.00 |
|---------|

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Barbara H. Wilson

Mailing Address 2540 Green Street

City State Zip Code  
San Francisco CA 94123-4629

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 2 | 3 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai04058

Amount of Each Receipt this Period

|         |
|---------|
| 2500.00 |
|---------|

**C.**

Full Name (Last, First, Middle Initial)  
Mr. John H. Wilson

Mailing Address 5801 Sun Lakes Blvd.  
Apartment 119

City State Zip Code  
Banning CA 92220-6507

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 6 |   | 2 | 0 | 0 | 9 |

Transaction ID: 2009M04L11ai04059

Amount of Each Receipt this Period

|        |
|--------|
| 200.00 |
|--------|

**SUBTOTAL** of Receipts This Page (optional) .....

|         |
|---------|
| 3700.00 |
|---------|

**TOTAL** This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1360 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. John H. Wilson

Mailing Address 5801 Sun Lakes Blvd.  
Apartment 119

City State Zip Code  
Banning CA 92220-6507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04060

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Rosalie Wilson

Mailing Address 158B Wilson Lane

City State Zip Code  
Mulberry TN 37359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 6 / 2 0 0 9

Transaction ID: 2009M04L11ai04061

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Rosalie Wilson

Mailing Address 158B Wilson Lane

City State Zip Code  
Mulberry TN 37359

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

Transaction ID: 2009M04L11ai04062

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ►

400.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1361 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
|                                     |     |                          |     |                          |     |                          | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Sarah B. Wilson

Mailing Address 715 Renaissance Drive  
Apartment 205

City State Zip Code  
Williamsville NY 14221-8034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai04063

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas L Windover

Mailing Address 1 Sage Estate

City State Zip Code  
Albany NY 12204-2238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai04064

Amount of Each Receipt this Period  
350.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert C. Wing

Mailing Address 6990 Gleneagle Drive

City State Zip Code  
Hialeah FL 33014-6508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai04065

Amount of Each Receipt this Period  
375.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **975.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1362 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Barry Wingard

Mailing Address 3603 Golfview Drive

City State Zip Code  
Mechanicsburg PA 17050-2242

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai04066

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Ralph & Cheryl Winkler

Mailing Address 5355 Boomer Road

City State Zip Code  
Cincinnati OH 45247-7926

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

Transaction ID: 2009M04L11ai04067

Amount of Each Receipt this Period  
300.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City State Zip Code  
Rancho Santa Fe CA 92067-1584

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04068

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1363 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City Rancho Santa Fe State CA Zip Code 92067-1584

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04069

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald Winn

Mailing Address P.O. Box 1584

City Rancho Santa Fe State CA Zip Code 92067-1584

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 3 / 2 0 0 9

Transaction ID: 2009M04L11ai04070

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. R. M. Winn, Jr.

Mailing Address 196 Roquemore Road

City Clemmons State NC Zip Code 27012-8537

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 0 5 / 2 0 0 9

Transaction ID: 2009M04L11ai04071

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1364 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Pete Winstead

Mailing Address 79 Pascal Lane

City Austin State TX Zip Code 78746-2552

FEC ID number of contributing federal political committee. **C**

Name of Employer Winstead Sechrest & Minick P.C. Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2009

Transaction ID: 2009M04L11ai04072

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Clifford & Joan Winters, Jr.

Mailing Address 3006 Mc Neil Apartment 415

City Wichita Falls State TX Zip Code 76309-1201

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 2009M04L11ai04073

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Gay Winters

Mailing Address 7930 Oakbrook Drive

City Baton Rouge State LA Zip Code 70810-1808

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai04074

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **850.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1365 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Beth Wintersteen

Mailing Address 27 Myrtle Avenue

City State Zip Code  
Mill Valley CA 94941

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai04075

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. James Wintersteen

Mailing Address 27 Myrtle Avenue

City State Zip Code  
Mill Valley CA 94941-1023

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai04076

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence A. Wise

Mailing Address 21070 Canyon Oak Way

City State Zip Code  
Cupertino CA 95014-6570

FEC ID number of contributing federal political committee. **C**

Name of Employer K.L.A-Tencor Corporation Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai04077

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1366 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Noel W. Witcher

Mailing Address 1912 Speith Rd

City State Zip Code  
Henryville IN 47126-8595

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai04078

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Witham

Mailing Address 166 Avenida Majorca Unit Q.

City State Zip Code  
Laguna Woods CA 92637-4122

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** 2009M04L11ai04079

Amount of Each Receipt this Period  
220.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ralph Witt

Mailing Address 267 Mill Street

City State Zip Code  
Wedowee AL 36278-5117

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 02 / 2009

**Transaction ID:** 2009M04L11ai04080

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **545.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1367 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jon G Wittrock

Mailing Address 710 S 14th St

City State Zip Code  
**Sheboygan WI 53081-4333**

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt **03 / 17 / 2009**

**Transaction ID: 2009M04L11ai04081**

Amount of Each Receipt this Period **275.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Roman Wolchuk

Mailing Address 921 Bergen Avenue Suite 637

City State Zip Code  
**Jersey City NJ 07306-4203**

FEC ID number of contributing federal political committee. **C**

Name of Employer Roman Wolchuk Consulting Occupation Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 27 / 2009**

**Transaction ID: 2009M04L11ai04082**

Amount of Each Receipt this Period **375.00**

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Myrna A. Wolf

Mailing Address 33631 County Road L.

City State Zip Code  
**Mukwonago WI 53149-8900**

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **265.00**

Date of Receipt **03 / 13 / 2009**

**Transaction ID: 2009M04L11ai04083**

Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1368 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Myrna A. Wolf

Mailing Address 33631 County Road L.

City State Zip Code  
Mukwonago WI 53149-8900

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 265.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ai04084

Amount of Each Receipt this Period  
65.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Jody Wolfe

Mailing Address 5255 North Kendall Drive

City State Zip Code  
Miami FL 33156-2123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Law Enforcement Ret.

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 27 / 2009

Transaction ID: 2009M04L11ai04085

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Robert Kenneth Wolfe

Mailing Address 8627 Augusta Lane

City State Zip Code  
Holland OH 43528-9244

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai04086

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1315.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1369 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 |
| <input type="checkbox"/>            | 13  | <input type="checkbox"/> | 14  | <input type="checkbox"/> | 15  | <input type="checkbox"/> | 16 |
| <input type="checkbox"/>            |     | <input type="checkbox"/> |     | <input type="checkbox"/> |     | <input type="checkbox"/> | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Robert W. Wolfe

Mailing Address 3909 Blackburn Lane  
Apartment 43

City State Zip Code  
Burtonsville MD 20866-1238

FEC ID number of contributing federal political committee. **C**

Name of Employer Us Govt Civilian Occupation Chief Of Engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
03 / 25 / 2009

Transaction ID: 2009M04L11ai04087

Amount of Each Receipt this Period  
170.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Holly A. Wolfert

Mailing Address 1491 Jacksons Ridge Road

City State Zip Code  
Greensboro GA 30642-5279

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2009

Transaction ID: 2009M04L11ai04088

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Hannelore Wolff

Mailing Address 730 28th Avenue

City State Zip Code  
San Mateo CA 94403-2608

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.00

Date of Receipt  
MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04089

Amount of Each Receipt this Period  
55.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1225.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1370 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Glen Womack

Mailing Address P.O. Box 653

City State Zip Code  
Harrisonburg LA 71340-0653

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai04090

Amount of Each Receipt this Period  
270.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Betty Wong

Mailing Address 849 Featherwood Drive

City State Zip Code  
Diamond Bar CA 91765-4514

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ai04091

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Betty J. Wood

Mailing Address 20 County Road 322

City State Zip Code  
Corinth MS 38834-9047

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai04092

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **470.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1371 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Betty J. Wood

Mailing Address 20 County Road 322

City State Zip Code  
Corinth MS 38834-9047

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai04093

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Catherine D. Wood

Mailing Address 104 Olmstead Hill Road

City State Zip Code  
Wilton CT 06897-1730

FEC ID number of contributing federal political committee. **C**

Name of Employer Alliance Capital Management Occupation Portfolio Manager

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai04094

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Dexter Wood

Mailing Address 1670 Beulah Road

City State Zip Code  
Vienna VA 22182-1990

FEC ID number of contributing federal political committee. **C**

Name of Employer Host Marriott Corp Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai04095

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1350.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1372 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                       |   |   |  |
|---|---|-----------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. James R. Wood    |                       | Date of Receipt<br>MM / DD / YYYY<br>03 / 20 / 2009 |   |  |
|   | Mailing Address 209 Heritage Pointe                             |                       | <b>Transaction ID:</b> 2009M04L11ai04096            |   |  |
|   | City<br>Williamsburg  | State<br>VA           | Zip Code<br>23188-8006                              | Amount of Each Receipt this Period<br>50.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                       | Aggregate Year-to-Date<br>250.00                    |   |  |
| Name of Employer<br>Retired   |   | Occupation<br>Retired |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                       |   |   |  |

|   |   |                             |   |   |  |
|---|---|-----------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Jeffrey R. Wood  |                             | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |   |  |
|   | Mailing Address 5729 Shady River                                |                             | <b>Transaction ID:</b> 2009M04L11ai04097            |   |  |
|   | City<br>Houston   | State<br>TX                 | Zip Code<br>77057-1308                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                             | Aggregate Year-to-Date<br>1000.00                   |   |  |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed |   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                             |   |   |  |

|   |  |                             |   |  |  |
|---|--|-----------------------------|---|--|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Ms. Jacqueline Wood- Morgan |                             | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |  |  |
|   | Mailing Address 137 Spring Valley Rd                                   |                             | <b>Transaction ID:</b> 2009M04L11ai04098            |  |  |
|   | City<br>Nashville  | State<br>TN                 | Zip Code<br>37214-2833                              | Amount of Each Receipt this Period<br>250.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C        |                             | Aggregate Year-to-Date<br>250.00                    |  |  |
| Name of Employer<br>Self-Employed   |  | Occupation<br>Self-Employed |   |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |                             |   |  |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1300.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1373 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ronald G. Woodall

Mailing Address 5230 Braesvalley Drive

City State Zip Code  
Houston TX 77096-2545

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed      Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 4 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai04099

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth B. Woodrow

Mailing Address 270 Bushaway Road

City State Zip Code  
Wayzata MN 55391-1907

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 5 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai04100

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Woodrow Woods

Mailing Address 3640 Fiscal Ct Ste D.

City State Zip Code  
West Palm Beach FL 33404-1781

FEC ID number of contributing federal political committee. **C**

Name of Employer Marine Exhaust Systems      Occupation C.O.B.

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 9 |   |

**Transaction ID:** 2009M04L11ai04101

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1374 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)

Mr. Woodson Woods

Mailing Address P.O. Box 7049

City

Kamuela

State

HI

Zip Code

96743-7049

FEC ID number of contributing federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
03 / 03 / 2009

Transaction ID: 2009M04L11ai04102

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Charles & Mitsuyo Woodward

Mailing Address 13724 Paradise Villas Grove

City

Colorado Springs

State

CO

Zip Code

80921-3295

FEC ID number of contributing federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY  
03 / 10 / 2009

Transaction ID: 2009M04L11ai04103

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. & Mrs. Timothy D. Word

Mailing Address 401 Torcido Drive

City

San Antonio

State

TX

Zip Code

78209-5647

FEC ID number of contributing federal political committee.

C

Name of Employer  
Dean Word Company

Occupation  
Self Employed

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04104

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |   |                  |
|---|---|------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 1375 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12               |                  |
|   | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. & Mrs. Timothy D. Word |                             | Date of Receipt   |
|   | Mailing Address 401 Torcido Drive                                     |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | San Antonio   | TX                          | 78209-5647  |
|   | FEC ID number of contributing federal political committee. <b>C</b>   |                             | Transaction ID: 2009M04L11ai04105   |
| Name of Employer<br>Dean Word Company   |   | Occupation<br>Self Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 600.00 | <input type="text"/> 100.00   |

|   |   |                              |   |
|---|---|------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Donald B. Worden     |                              | Date of Receipt   |
|   | Mailing Address 612 W. Sunset Drive                                 |                              | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                        | Zip Code  |
|   | Burbank   | WA                           | 99323-9686  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                              | Transaction ID: 2009M04L11ai04106   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼     | <input type="text"/>  |
|   |   | <input type="text"/> 1000.00 | <input type="text"/> 1000.00  |

|   |   |                             |   |
|---|---|-----------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Benjamin C. Wouters  |                             | Date of Receipt   |
|   | Mailing Address 316 High Pointe Ridge                               |                             | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|   | City  | State                       | Zip Code  |
|   | Prattville  | AL                          | 36066-3662  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                             | Transaction ID: 2009M04L11ai04107   |
| Name of Employer<br>Self-Employed   |   | Occupation<br>Self-Employed | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼    | <input type="text"/>  |
|   |   | <input type="text"/> 500.00 | <input type="text"/> 500.00   |

|  |                              |
|--|------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/> 1600.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>         |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1376 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Carl B. Wright

Mailing Address 5026 Kames Square

City State Zip Code  
Louisville KY 40241-5207

FEC ID number of contributing federal political committee. **C**

Name of Employer Humana, Inc. Occupation Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** 2009M04L11ai04108

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. & Mrs. Donald & Gayle Wright

Mailing Address P.O. Box 12169

City State Zip Code  
Jackson WY 83002-2169

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai04109

Amount of Each Receipt this Period  
110.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. James C. Wright

Mailing Address 7177 Gaston Avenue #2102

City State Zip Code  
Dallas TX 75214-6127

FEC ID number of contributing federal political committee. **C**

Name of Employer K.B.R. Occupation MANAGING DIRECTOR

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 05 / 2009

**Transaction ID:** 2009M04L11ai04110

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **860.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1377 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. James H. Wright

Mailing Address 1628 Hidden Creek Lane

City State Zip Code  
Belvidere IL 61008-7910

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired      Occupation Retired

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 2 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04111  
 Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence T. Wright

Mailing Address P. O. Box 1258

City State Zip Code  
Great Falls VA 22066-8258

FEC ID number of contributing federal political committee. **C**

Name of Employer Booz Allen & Hamilton      Occupation Senior Vice President

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 7 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04112  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Michael Wright

Mailing Address 7156 Stanhope Lane

City State Zip Code  
Riverside CA 92506-6164

FEC ID number of contributing federal political committee. **C**

Name of Employer Riverside Community College      Occupation Manager

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 6 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ai04113  
 Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1378 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard Wright

Mailing Address P.O. Box 512

City State Zip Code  
Barberton OH 44203-0512

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2009

**Transaction ID:** 2009M04L11ai04114

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald Wright

Mailing Address 3913 Dove Creek Lane

City State Zip Code  
Plano TX 75093-7542

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai04115

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms Shirley Wright

Mailing Address 408 Brookwood Lane

City State Zip Code  
White Oak TX 75693-2510

FEC ID number of contributing federal political committee. **C**

Name of Employer Trendsetter Construction, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L11ai04116

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1379 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City State Zip Code  
Tucson AZ 85710-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 02 / 2009

Transaction ID: 2009M04L11ai04117

Amount of Each Receipt this Period

110.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City State Zip Code  
Tucson AZ 85710-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai04118

Amount of Each Receipt this Period

110.00

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Thomas W. Wright

Mailing Address 7805 E. Hawthorne Street

City State Zip Code  
Tucson AZ 85710-1602

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 320.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai04119

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

320.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1380 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
Mrs. Victoria Wright

Mailing Address 24894 Castleton Drive

City State Zip Code  
Chantilly VA 20152-4388

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai04120

Amount of Each Receipt this Period  
300.00

B.

Full Name (Last, First, Middle Initial)  
Mr. Warren & Lori Wubker

Mailing Address 6625 Crenshaw Drive

City State Zip Code  
Orlando FL 32835-5749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Requested Requested

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai04121

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
Mr. Clifford L. Wurster

Mailing Address 198 Honors Lane

City State Zip Code  
State College PA 16803-1838

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: 2009M04L11ai04122

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1381 / 1940  
(check only one)

|                                     |     |                          |     |                          |     |                          |    |                          |    |                          |    |                          |    |                          |    |                          |    |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Dr. & Mrs. William E. Wyatt, Sr.  
Mailing Address P.O. Box 100

City State Zip Code  
Grapevine TX 76099-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 24 / 2009

Transaction ID: 2009M04L11ai04123

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Peter B. Wyckoff  
Mailing Address 1183 County Road 2023

City State Zip Code  
Glen Rose TX 76043-5985

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

Transaction ID: 2009M04L11ai04124

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Mrs. Elizabeth Wyckoff  
Mailing Address P.O. Box 658

City State Zip Code  
Old Lyme CT 06371-0658

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2009

Transaction ID: 2009M04L11ai04125

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1382 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Ranald Wyder  
Mailing Address P.O. Box 13056  
City State Zip Code  
Oakland CA 94661-0056  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-Employed Occupation Self-Employed  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 24 / 2009  
Transaction ID: 2009M04L11ai04126  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. C. Peter Wyllie  
Mailing Address 1320 Honeysuckle Drive  
City State Zip Code  
Watkinsville GA 30677-6609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 03 / 02 / 2009  
Transaction ID: 2009M04L11ai04127  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Rob Wynaalda  
Mailing Address 420 9 Mile Rd NE  
City State Zip Code  
Comstock Park MI 49321-9683  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1875.00  
Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ai04128  
Amount of Each Receipt this Period: 1875.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2675.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1383 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Truman E. Yancey

Mailing Address 1923 E. Joyce Blvd.  
#230

City Fayetteville State AR Zip Code 72703-5171

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04129

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
Apartment C5

City Wasilla State AK Zip Code 99654-7395

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04130

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
Apartment C5

City Wasilla State AK Zip Code 99654-7395

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04131

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 295.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1384 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. William Yarwood

Mailing Address 2651 E. Quite Circle  
Apartment C5

City Wasilla State AK Zip Code 99654-7395

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04132

Amount of Each Receipt this Period  
20.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert Yates

Mailing Address 128 Via Havre

City Newport Beach State CA Zip Code 92663-4905

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 2 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04133

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Tom Yates

Mailing Address 9316 Terrace View Court

City Jerome State MI Zip Code 49249-9783

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 0 / 2 0 0 9

**Transaction ID:** 2009M04L11ai04134

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **470.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |  |                  |
|---|--|------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)  | PAGE 1385 / 1940 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 |                  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William F. Yeoman   | Date of Receipt<br>MM / DD / YYYY<br>03 / 18 / 2009 |
|           | Mailing Address 3030 Country Club Blvd.  | <b>Transaction ID:</b> 2009M04L11ai04135            |
|           | City State Zip Code<br>Sugar Land TX 77478-3630  | Amount of Each Receipt this Period<br>100.00        |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>University Of Houston Consultant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mr. William F. Yeoman   | Date of Receipt<br>MM / DD / YYYY<br>03 / 23 / 2009 |
|           | Mailing Address 3030 Country Club Blvd.  | <b>Transaction ID:</b> 2009M04L11ai04136            |
|           | City State Zip Code<br>Sugar Land TX 77478-3630  | Amount of Each Receipt this Period<br>50.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>University Of Houston Consultant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>250.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Mark Yingling   | Date of Receipt<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|           | Mailing Address 833 Aspen Peak Loop Unit 1323  | <b>Transaction ID:</b> 2009M04L11ai04137            |
|           | City State Zip Code<br>Henderson NV 89011-4984   | Amount of Each Receipt this Period<br>75.00         |
|           | FEC ID number of contributing federal political committee.<br>C  |   |
|           | Name of Employer Occupation<br>Ernst & Young, Llp Auditor<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>225.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 225.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1386 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. Douglas W. York

Mailing Address 3441 E. Harbour Drive

City State Zip Code  
Phoenix AZ 85034-7229

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** 2009M04L11ai04138

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Greg York

Mailing Address 6105 Homestead Blvd.

City State Zip Code  
Midland TX 79707-5058

FEC ID number of contributing federal political committee. **C**

Name of Employer Conocophillips Occupation Drilling Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
03 / 26 / 2009

**Transaction ID:** 2009M04L11ai04139

Amount of Each Receipt this Period  
200.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Katherine Youell

Mailing Address 3910 Baldwin Road

City State Zip Code  
Chester VA 23831-4703

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

**Transaction ID:** 2009M04L11ai04140

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **775.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1387 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Julian R. Youmans

Mailing Address 44124 Greenview Drive

City State Zip Code  
El Macero CA 95618-1077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 10 / 2009

Transaction ID: 2009M04L11ai04141

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Cheryl Young

Mailing Address 512 East June Street

City State Zip Code  
Alpine TX 79830-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11ai04142

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mrs. Cheryl Young

Mailing Address 512 East June Street

City State Zip Code  
Alpine TX 79830-4223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11ai04143

Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

635.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1388 / 1940  
(check only one)

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
|   |                              |                              | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mr. George Young

Mailing Address 235 Walker Street  
Apartment 252

City Lenox State MA Zip Code 01240-2749

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 20 / 2009  
Transaction ID: 2009M04L11ai04144  
Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. John Young

Mailing Address 3966 Lakeside Drive

City Odessa State TX Zip Code 79762-7202

FEC ID number of contributing federal political committee. **C**

Name of Employer Ref-Chem Llc Occupation Project Superintendent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 05 / 2009  
Transaction ID: 2009M04L11ai04145  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Young

Mailing Address 4300 N Ohio

City Salina State KS Zip Code 67401

FEC ID number of contributing federal political committee. **C**

Name of Employer Town and Country Animal Hospit Occupation Veterinarian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 27 / 2009  
Transaction ID: 2009M04L11ai04146  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1389 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Mrs. Ruth Young

Mailing Address 290 Paul Copas Road

City Winchester State OH Zip Code 45697-9441

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

Date of Receipt 03 / 17 / 2009

Transaction ID: 2009M04L11ai04147

Amount of Each Receipt this Period 101.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas Duane Young

Mailing Address 4600 N. Sunset Hills Lane

City Tucson State AZ Zip Code 85745-9436

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 16 / 2009

Transaction ID: 2009M04L11ai04148

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. William F. Young

Mailing Address 833 Kalli Creek Lane

City Saint Augustine State FL Zip Code 32080-5816

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 09 / 2009

Transaction ID: 2009M04L11ai04149

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 701.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1390 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Mr. William F. Young

Mailing Address 833 Kalli Creek Lane

City State Zip Code  
**Saint Augustine FL 32080-5816**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **03 / 24 / 2009**

**Transaction ID: 2009M04L11ai04150**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
Mr. Wasil R. Yurchak

Mailing Address 2711 Bridle Path Pl.

City State Zip Code  
**Bethlehem PA 18017-3803**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
U.B.S. Financial Services, Inc. Investment Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **03 / 06 / 2009**

**Transaction ID: 2009M04L11ai04151**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial)  
Mr. Christopher P. Zachary

Mailing Address 1915 N. Damen Avenue Unit F.

City State Zip Code  
**Chicago IL 60647-6562**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
O.S.I. Pharmaceutical Director/Bio Tech Company

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 18 / 2009**

**Transaction ID: 2009M04L11ai04152**

Amount of Each Receipt this Period **300.00**

**SUBTOTAL** of Receipts This Page (optional) ..... **650.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1391 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Joan Zachropoulos  
Mailing Address 17 Rolling Ridge Road  
City State Zip Code  
New City NY 10956-6931  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Requested Occupation Requested  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt: 03 / 23 / 2009  
Transaction ID: 2009M04L11ai04153  
Amount of Each Receipt this Period 400.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth Zadwick  
Mailing Address 328 Seawind Dr.  
City State Zip Code  
Vallejo CA 94590-8137  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 03 / 18 / 2009  
Transaction ID: 2009M04L11ai04154  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Mr. Claude C. Zaiontz  
Mailing Address 231 Palo Grande Drive  
City State Zip Code  
San Antonio TX 78232-3029  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Zee Company, Inc. Occupation Chief Executive Officer  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt: 03 / 19 / 2009  
Transaction ID: 2009M04L11ai04155  
Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1392 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Joseph J. Zaladonis

Mailing Address 1610 Knollwood Road

City State Zip Code  
Bethlehem PA 18015-5531

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Self-Employed

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2009

Transaction ID: 2009M04L11ai04156

Amount of Each Receipt this Period  
105.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Johnny Zamrzla

Mailing Address 2229 E. Avenue Q.

City State Zip Code  
Palmdale CA 93550-4140

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Western Pacific Roofing Corporation Roofing & Sheet Metal Contractor

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2009

Transaction ID: 2009M04L11ai04157

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Elizabeth Zanardi

Mailing Address 679 N. Santa Cruz Avenue

City State Zip Code  
Los Gatos CA 95030-4324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: 2009M04L11ai04158

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) .....

605.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1393 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
S. Zanello

Mailing Address 2050 Forest View Avenue

City Hillsborough State CA Zip Code 94010-6119

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Gcc Enterprises, Inc. Occupation Lawyer, Mother

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt 03 / 24 / 2009  
Transaction ID: 2009M04L11ai04159  
Amount of Each Receipt this Period 25.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Martin P. Zanotti

Mailing Address 12223 Cypresswood Drive

City Houston State TX Zip Code 77070-2733

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 02 / 2009  
Transaction ID: 2009M04L11ai04160  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Maria Zarranz

Mailing Address 3610 S.W. 88Th Place

City Miami State FL Zip Code 33165-4374

FEC ID number of contributing federal political committee. **C**

Name of Employer Turning Point C.M.H.C. Occupation Mental Health Counselor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt 03 / 03 / 2009  
Transaction ID: 2009M04L11ai04161  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 225.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1394 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
 Mrs. Marie D. Zartman  
 Mailing Address 713 Quaint Acres Drive  
 City State Zip Code  
 Silver Spring MD 20904-2725  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2009  
**Transaction ID:** 2009M04L11ai04162  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 John Hopkins University Professor  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

**B.** Full Name (Last, First, Middle Initial)  
 Mr. Larry D. Zeidler  
 Mailing Address P.O. Box 429  
 City State Zip Code  
 Clayton CA 94517-0429  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2009  
**Transaction ID:** 2009M04L11ai04163  
 Amount of Each Receipt this Period  
 225.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Self-Employed  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**C.** Full Name (Last, First, Middle Initial)  
 Mr. Fred Zelaya  
 Mailing Address 407 E. 12Th St. Apt. 1FnE  
 City State Zip Code  
 New York NY 10009-1343  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 06 / 2009  
**Transaction ID:** 2009M04L11ai04164  
 Amount of Each Receipt this Period  
 100.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Consultant To Caterpillar, Inc Banker  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **425.00**  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1395 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Edward R. Ziegler

Mailing Address 2015 Claremont Ln.

City State Zip Code  
Houston TX 77019-5803

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 09 / 2009

Transaction ID: 2009M04L11ai04165

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Edward R. Ziegler

Mailing Address 2015 Claremont Ln.

City State Zip Code  
Houston TX 77019-5803

FEC ID number of contributing federal political committee. **C**

Name of Employer Requested Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 16 / 2009

Transaction ID: 2009M04L11ai04166

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Sumner & Marie Ziegler

Mailing Address 22 Beidler Drive

City State Zip Code  
Washington Crossin PA 18977-1349

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 06 / 2009

Transaction ID: 2009M04L11ai04167

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

550.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1396 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Michael Zigich |                          | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 1 Inverness Park Circle                       |                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 |
|   | M   | M                        | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3                        |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State   | Zip Code                 | <b>Transaction ID:</b> 2009M04L11ai04168  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Houston   | TX  | 77055-4700               | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |   | <b>C</b>                 | 200.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Requested  |   | Occupation Requested     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | 300.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |  |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|--|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. William Zimmerman |                          | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 11837 S.E. Madison Street                        |                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 0 |  | 2 | 0 | 0 | 9 |
|   | M  | M                        | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0  | 3                        |   | 2 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State  | Zip Code                 | <b>Transaction ID:</b> 2009M04L11ai04169  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Portland  | OR   | 97216-3947               | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |  | <b>C</b>                 | 100.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Retired  |  | Occupation Retired       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼ | 250.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|   |   |                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|---|---|--------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Mr. Robert B. Zinser |                          | Date of Receipt   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | Mailing Address 3158 Orleans E.                                 |                          | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> |   | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 | 9 |
|   | M   | M                        | /   | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
|   | 0   | 3                        |   | 1 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City  | State   | Zip Code                 | <b>Transaction ID:</b> 2009M04L11ai04170  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| San Diego   | CA  | 92110-5946               | Amount of Each Receipt this Period  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| FEC ID number of contributing federal political committee.  |   | <b>C</b>                 | 50.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Name of Employer Retired  |   | Occupation Retired       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | 240.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1397 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Stephen E. Zirkle

Mailing Address 5102 Stonebridge Drive

City State Zip Code  
Muncie IN 47304-8918

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai04171

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
Mrs. Veronica Zitella

Mailing Address 3731 RFD Albert Lane

City State Zip Code  
Long Grove IL 60047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 03 / 2009

Transaction ID: 2009M04L11ai04172

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Eli Ziv

Mailing Address 4739 Ronmar Place

City State Zip Code  
Woodland Hills CA 91364-3427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Center Orthopaedic Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 220.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: 2009M04L11ai04173

Amount of Each Receipt this Period

110.00

**SUBTOTAL** of Receipts This Page (optional) .....

735.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1398 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary L. Zollner

Mailing Address 1711 N.W. 107Th Terrace

City State Zip Code  
Plantation FL 33322-6424

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 06 / 2009

**Transaction ID:** 2009M04L11ai04174

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Demitri Zouras

Mailing Address 6611 Brentwood Drive

City State Zip Code  
Huntington Beach CA 92648-6655

FEC ID number of contributing federal political committee. **C**

Name of Employer Orange County Sanitation District Occupation Electrician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 19 / 2009

**Transaction ID:** 2009M04L11ai04175

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. George Zumbro

Mailing Address 444 Northridge Circle

City State Zip Code  
Evans GA 30809-4542

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2009

**Transaction ID:** 2009M04L11ai04176

Amount of Each Receipt this Period  
220.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1399 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Mary Ann Zuniga  
Mailing Address 487 S. Bowie

City State Zip Code  
San Benito TX 78586-3711

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Self-Employed

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 06 / 2009  
Transaction ID: 2009M04L11ai04177  
Amount of Each Receipt this Period: 150.00

**B.** Full Name (Last, First, Middle Initial)  
Mrs. Annabelle F. Zylstra  
Mailing Address 5303 154Th Avenue S.E.

City State Zip Code  
Bellevue WA 98006-5151

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: 2009M04L11ai04178  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
MR RALPH H LANE  
Mailing Address 6427 CHARLES STREET

City State Zip Code  
RACINE WI 53402

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt: 03 / 31 / 2009  
Transaction ID: 2009M04L11ach00001  
Amount of Each Receipt this Period: -300.00  
ACH RETURN CONTRIBUTION - 02/09/2009

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-50.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1400 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR RALPH H LANE

Mailing Address 6427 CHARLES STREET

City State Zip Code  
RACINE WI 53402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SELF-EMPLOYED LAWYER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ach00002

Amount of Each Receipt this Period  
-300.00

ACH RETURN CONTRIBUTION - 01/09/2009

**B.** Full Name (Last, First, Middle Initial)  
CHARLES WEEKS

Mailing Address 6018 CANNON HILL ROAD

City State Zip Code  
FORT WASHINGTON PA 19034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASHFORD CAPITAL MANAGEMENT INVESTMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ach00003

Amount of Each Receipt this Period  
-200.00

ACH RETURN CONTRIBUTION - 02/06/2009

**C.** Full Name (Last, First, Middle Initial)  
CHARLES WEEKS

Mailing Address 6018 CANNON HILL ROAD

City State Zip Code  
FORT WASHINGTON PA 19034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
ASHFORD CAPITAL MANAGEMENT INVESTMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 31 / 2009

**Transaction ID:** 2009M04L11ach00004

Amount of Each Receipt this Period  
-200.00

ACH RETURN CONTRIBUTION - 02/06/2009

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-700.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1401 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR & MRS CARL R PETERSON

Mailing Address 3104 164TH AVENUE SE

City HARWOOD State ND Zip Code 58072

FEC ID number of contributing federal political committee. **C**

Name of Employer PETERSON FARMS SEED Occupation MANAGEMENT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00005

Amount of Each Receipt this Period -400.00

ACH RETURN CONTRIBUTION - 01/13/2009

**B.** Full Name (Last, First, Middle Initial)  
MRS JAMIE ZISSIS

Mailing Address 674 ALPINE VIEW DRIVE

City INCLINE VILLAGE State NV Zip Code 89451

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED 02/24/2009 Occupation INFORMATION REQUESTED 02/24/2009

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00006

Amount of Each Receipt this Period -5000.00

ACH RETURN CONTRIBUTION - 02/24/2009

**C.** Full Name (Last, First, Middle Initial)  
MR WILLIAM H BREGENZER

Mailing Address 24 BAYBERRY DRIVE

City CLIFTON PARK State NY Zip Code 12065

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00007

Amount of Each Receipt this Period -100.00

ACH RETURN CONTRIBUTION - 12/05/2009

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-5500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1402 / 1940

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ach00008

Amount of Each Receipt this Period  
-50.00

ACH RETURN CONTRIBUTION - 5/09/2008

**B.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ach00009

Amount of Each Receipt this Period  
-50.00

ACH RETURN CONTRIBUTION - 06/06/2008

**C.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 0 9

Transaction ID: 2009M04L11ach00010

Amount of Each Receipt this Period  
-50.00

ACH RETURN CONTRIBUTION - 07/11/2008

**SUBTOTAL** of Receipts This Page (optional) .....

-150.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1403 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 200.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ach00011

Amount of Each Receipt this Period  
-300.00

ACH RETURN CONTRIBUTION - 07/25/2008

**B.** Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 200.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ach00012

Amount of Each Receipt this Period  
-50.00

ACH RETURN CONTRIBUTION - 08/08/2008

**C.** Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 200.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11ach00013

Amount of Each Receipt this Period  
-50.00

ACH RETURN CONTRIBUTION - 09/12/2008

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-400.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1404 / 1940  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00014

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION - 10/09/2008

**B.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00015

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION - 11/10/2008

**C.**

Full Name (Last, First, Middle Initial)  
MR MIKHAIL GORETOY

Mailing Address 1414 REQUA ROAD

City State Zip Code  
CHERRYVILLE NC 28021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FLEETNET AMERICA COORDINATOR

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L11ach00016

Amount of Each Receipt this Period

-50.00

ACH RETURN CONTRIBUTION - 12/05/2008

**SUBTOTAL** of Receipts This Page (optional) .....

-150.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1405 / 1940  
(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>MICHAEL DUNKLE   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 1733 GOODMAN AVE  |                                    | <b>Transaction ID:</b> 2009M04L11ach00017           |
| City<br>REDONDO BEACH   | State<br>CA                        | Zip Code<br>90278                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>-100.00       |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>MARKETING AND SALES  | ACH RETURN CONTRIBUTION -<br>12/05/2008             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>MICHAEL DUNKLE   |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 1733 GOODMAN AVE  |                                    | <b>Transaction ID:</b> 2009M04L11ach00018           |
| City<br>REDONDO BEACH   | State<br>CA                        | Zip Code<br>90278                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>-100.00       |
| Name of Employer<br>SELF-EMPLOYED   | Occupation<br>MARKETING AND SALES  | ACH RETURN CONTRIBUTION -<br>11/03/2008             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>MR BOB HARRIS  |                                    | Date of Receipt<br>MM / DD / YYYY<br>03 / 31 / 2009 |
| Mailing Address 224 WHISPERING WOODS CT   |                                    | <b>Transaction ID:</b> 2009M04L11ach00019           |
| City<br>LITTLE SILVER   | State<br>NJ                        | Zip Code<br>07739                                   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>-100.00       |
| Name of Employer<br>NONE  | Occupation<br>RETIRED              | ACH RETURN CONTRIBUTION -<br>12/05/2008             |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>150.00 |   |

|  |                   |
|--|-------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>-300.00</b>    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>1594728.27</b> |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1406 / 1940  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**REPUBLICAN NATIONAL COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
Aflac Inc. PAC

Mailing Address 1932 Wynnton Road  
A Multi Candidate Committee

City Columbus State GA Zip Code 31999

FEC ID number of contributing federal political committee. **C** C00034157

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 19 / 2009  
**Transaction ID:** 2009M04L11cpc00001  
Amount of Each Receipt this Period: 15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**B.** Full Name (Last, First, Middle Initial)  
American Bankers Association Bank PAC

Mailing Address 1120 Connecticut Avenue N. W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 03 / 2009  
**Transaction ID:** 2009M04L11cpc00002  
Amount of Each Receipt this Period: 15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**C.** Full Name (Last, First, Middle Initial)  
American Dental PAC

Mailing Address 1111 14Th Street, NW  
11th Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 03 / 31 / 2009  
**Transaction ID:** 2009M04L11cpc00003  
Amount of Each Receipt this Period: 15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**SUBTOTAL** of Receipts This Page (optional) ..... ► 45000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1407 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
American Nurses Association PAC

Mailing Address 8515 Georgia Avenue  
Suite 400

City State Zip Code  
Silver Springs MD 20910

FEC ID number of contributing federal political committee. **C** C00017525

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 0 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11cpc00004  
 Amount of Each Receipt this Period  
2500.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**B.** Full Name (Last, First, Middle Initial)  
Independent Insurance Agents & Brokers  
Of America PAC

Mailing Address 412 First Street, SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00022343

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 5 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11cpc00005  
 Amount of Each Receipt this Period  
15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**C.** Full Name (Last, First, Middle Initial)  
Lockheed Martin Employees PAC

Mailing Address 1550 Crystal Drive  
Crystal Square, Suite 300

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C** C00303024

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L11cpc00006  
 Amount of Each Receipt this Period  
15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**SUBTOTAL** of Receipts This Page (optional) ..... ► **32500.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1408 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Mortgage Bankers Association PAC

Mailing Address 1919 Pennsylvania Avenue N.W.

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 30 / 2009

Transaction ID: 2009M04L11cpc00007

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**B.**

Full Name (Last, First, Middle Initial)  
N.R.A.- Political Victory Fund

Mailing Address 11250 Waples Mill Road

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 20 / 2009

Transaction ID: 2009M04L11cpc00008

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**C.**

Full Name (Last, First, Middle Initial)  
Realtors PAC

Mailing Address 430 North Michigan Avenue

City State Zip Code  
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 18 / 2009

Transaction ID: 2009M04L11cpc00009

Amount of Each Receipt this Period

15000.00

2008 PAC contribution from 3/12/2009 transfer Chamblis Victory Cmte

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

45000.00

**TOTAL** This Period (last page this line number only) ..... ▶

122500.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1409 / 1940

(check only one)

|                              |                              |                              |  |                             |                             |                             |                             |                             |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

Full Name (Last, First, Middle Initial)  
Chambliss Victory Committee

Mailing Address P.O. Box 75103

City State Zip Code  
Washington DC 20013

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
106669.11

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 12 / 2009

Transaction ID: 2009M04L12ta00001

Amount of Each Receipt this Period

106669.11

09CT09

**B.**

Full Name (Last, First, Middle Initial)  
Republican Party of Arkansas

Mailing Address P.O. Box 3704

City State Zip Code  
Little Rock AR 72203

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
80.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: 2009M04L12ta00002

Amount of Each Receipt this Period

80.00

Y09WMTEE

**C.**

Full Name (Last, First, Middle Initial)  
REPUBLICAN STAT COMMITTEE OF DELAWARE

Mailing Address 3301 LANCASTER PIKE  
SUITE 4B

City State Zip Code  
WILMINGTON DE 19805

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
STATE PARTY ID C00172510 STATE PARTY

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
281.25

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 17 / 2009

Transaction ID: 2009M04L12ta00003

Amount of Each Receipt this Period

281.25

OFF SET INKIND LINE 22

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

107030.36

**TOTAL** This Period (last page this line number only) ..... ▶

107030.36

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1410 / 1940  
(check only one)

|                              |                              |  |   |
|------------------------------|------------------------------|--|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
M. M. BOYCE, BOYCEM. M

Mailing Address 11060 WEYMOUTH CT  
APT 416

City State Zip Code  
WALDORF MD 20603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
636.40

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L1500001

Amount of Each Receipt this Period  
159.10

INSURANCE PREMIUM (CIGNA 2009M04)

**B.** Full Name (Last, First, Middle Initial)  
FEDEX EXPRESS

Mailing Address P.O. BOX 727

City State Zip Code  
MEMPHIS TN 38194-2112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1954.10

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** 2009M04L1500002

Amount of Each Receipt this Period  
59.76

DELIVERY COST (2009 M02)

**C.** Full Name (Last, First, Middle Initial)  
JULIE FLEMING

Mailing Address 6719 BOSTWICK DRIVE

City State Zip Code  
SPRINGFIELD VA 22151

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
03 / 23 / 2009

**Transaction ID:** 2009M04L1500003

Amount of Each Receipt this Period  
250.00

ASSET SALE

**SUBTOTAL** of Receipts This Page (optional) ..... ► **468.86**

**TOTAL** This Period (last page this line number only) ..... ►

Form/Schedule : **SA15**

Transaction ID :

Regarding 'Asset Sales' reported on Schedule A supporting Line 15 of our report, occasionally the RNC has used office equipment that we need to dispose of. This equipment may be sold in bulk to a commercial liquidation business or piece by piece to individuals. When this is done, these items are reported as 'asset sale' and the price charged is such that they in no way constitute a political contribution. The used assets liquidated by sale to individuals or business are reported as 'Asset Sale' and are priced at fair market value. These items sold by the RNC are not unique to our business, they are common items found in most business, such as computers and cell phones. As such, the market price for these items are determined by referring to internet auction sites or checking replacement values from retail sources.

Form/Schedule : **SA15**

Transaction ID :

With regard to the usual and normal charge for fees received from a federal candidate on Schedule A supporting Line 15, the RNC charges fair market value for services it provides. Prices are intended to recover the cost for providing the service. The services reported on this schedule for which the RNC received payment were not services of a nature which is unique to the RNC. Services of this type are common in the business community and as such, the RNC compares and sets the price charged to prices available from other commercial sources.

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1412 / 1940  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
HIRSCH FINANCIAL SERVICES, INC

Mailing Address 164 LAKEFRONT DRIVE

City State Zip Code  
HUNT VALLEY MD 21030

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15434.74

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L1500004

Amount of Each Receipt this Period  
7442.27

COBRA REIMBURSEMENT SVS

**B.** Full Name (Last, First, Middle Initial)  
INTERNAL REVENUE SERVICE

Mailing Address 11601 ROOSEVELT BLVD

City State Zip Code  
PHILADELPHIA PA 19154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 3 | 0 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L1500005

Amount of Each Receipt this Period  
595.00

TAX REFUND (2008 PRE ELECTION)

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN M KINNEY, KINNEYSTE

Mailing Address 920 EMERALD STREET

City State Zip Code  
REDONDO BEACH CA 90277

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1309.89

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | / | 2 | 3 | / | 2 | 0 | 0 | 9 |

**Transaction ID:** 2009M04L1500006

Amount of Each Receipt this Period  
436.63

INSURANCE PREMIUM (CIGNA 2009M04)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8473.90**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1413 / 1940  
(check only one)

|                              |                              |  |                             |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
|                              |                              |  | <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
GEORGE LYNCH, LYNCHGEOR

Mailing Address 700 PRINCESS STREET  
SUITE 200

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1810.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 3 0 / 2 0 0 9

Transaction ID: 2009M04L1500007

Amount of Each Receipt this Period  
1180.00

ASSET SALE

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 1180.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 10122.76 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                              |                             |  |
|---|------------------------------|------------------------------|-----------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 1414 / 1940            |  |
|   | (check only one)             |                              |                             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 | <input checked="" type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS       |                                    | Date of Receipt   |
| Mailing Address 20002 NORTH 19TH AVENUE                           |                                    | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| City  | State                              | Zip Code  |
| PHOENIX   | AZ                                 | 85027   |
| FEC ID number of contributing federal political committee.        |                                    | Transaction ID: 2009M04L1700001   |
| <input type="text" value="C"/>                                    |                                    | Amount of Each Receipt this Period  |
| Name of Employer  |                                    | <input type="text" value="23.80"/>  |
| Occupation  |                                    | REBATE  |
| Receipt For:  | Aggregate Year-to-Date ▼           |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="23.80"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="23.80"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="23.80"/> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1415 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ABC BURGLAR ALARM SYSTEMS, INC  | Transaction ID: 2009M04L21a00001   |
|    | Mailing Address 1532 A & B POINTER RIDGE PLACE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City BOWIE State MD Zip Code 20716   | Amount of Each Disbursement this Period<br>233.20  |
|    | Purpose of Disbursement SECURITY SERVICES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ABIS, INC   | Transaction ID: 2009M04L21a00002   |
|    | Mailing Address C/O CATHY WELLEN<br>10330 SOUTH DOLFIELD ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 23 / 2009   |
|    | City OWINGS MILL State MD Zip Code 21117   | Amount of Each Disbursement this Period<br>90481.00  |
|    | Purpose of Disbursement POSTAGE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ABIS, INC   | Transaction ID: 2009M04L21a00003   |
|    | Mailing Address C/O CATHY WELLEN<br>10330 SOUTH DOLFIELD ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City OWINGS MILL State MD Zip Code 21117   | Amount of Each Disbursement this Period<br>21724.36  |
|    | Purpose of Disbursement PRINT,MAIL PRODUCTION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

112438.56

**TOTAL** This Period (last page this line number only) ..... ▶

Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for Radio Time, Production, Video Production, Telemarketing, Ad Costs, Media Costs, Media Research, Advertising, Satellite Time, Video or Broadcast Costs, Production Costs, Advertising Costs, Video Services, Broadcast Services, Fax Broadcasting, Illustration Costs, Mailing Costs, Photography Costs, Photo Services, Photo Shoot, banner, calligraphy costs, catering costs, event cost, event supplies, graphic services, online banner, production design, projection presentation cost, promotional supplies and Media Services are RNC operating costs. None of these expenditures are Candidate specific. No media related expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

Form/Schedule : **SB21B**

Transaction ID :

All expenditures listed for 'art production', 'audio costs', 'entertainment costs', 'music services', 'photography costs', 'photos' and 'reception costs' these are RNC operating costs. None of these expenditures are Candidate specific. No expenditures listed on line 21 are intended for or directed by a specific candidate. They are either generic overhead costs or RNC fundraising costs.

Form/Schedule : **SB21B**

Transaction ID :

Payments to another political committee disclosed on Schedule B supporting Line 21(b) are not contributions. They are payments for goods and services received at usual and normal rates. With regard to the usual and normal rates, we are assured the fee is a commercially reasonable rate because we regularly obtain similar products from a variety of sources both political and commercial.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ADP, INC<br>Mailing Address P O BOX 9001006<br>City LOUISVILLE State KY Zip Code 40290-1006<br>Purpose of Disbursement PAYROLL COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00004<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>760.10<br>Category/Type                                     |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>ADP, INC<br>Mailing Address P O BOX 9001006<br>City LOUISVILLE State KY Zip Code 40290-1006<br>Purpose of Disbursement PAYROLL COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00005<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1030.59<br>Category/Type                                    |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>ADP, INC<br>Mailing Address P O BOX 9001006<br>City LOUISVILLE State KY Zip Code 40290-1006<br>Purpose of Disbursement PAYROLL COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00006<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>2220.01<br>Category/Type                                    |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4010.70     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1419 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ADP, INC.   | Transaction ID: 2009M04L21a00007<br>Date of Disbursement   |
|    | Mailing Address UNEMPLOYMENT<br>P O BOX 78415  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City PHOENIX State AZ Zip Code 85062-8415  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement UNEMPLOYMENT MGMT COST   | <input type="text" value="440.13"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>AMERICAN DIRECT, INC  | Transaction ID: 2009M04L21a00008<br>Date of Disbursement   |
|    | Mailing Address 1272 CORPORATE PARK DRIVE<br>SECOND FL   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINT PRODUCTION   | <input type="text" value="308.27"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN DIRECT, INC  | Transaction ID: 2009M04L21a00009<br>Date of Disbursement   |
|    | Mailing Address 1272 CORPORATE PARK DRIVE<br>SECOND FL   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINT PRODUCTION   | <input type="text" value="308.27"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN DIRECT, INC  | Transaction ID: 2009M04L21a00010<br>Date of Disbursement  |
|    | Mailing Address 1272 CORPORATE PARK DRIVE<br>SECOND FL   | <input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement PRINT PRODUCTION   | <input type="text" value="1934.76"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>AMERICAN DIRECT, INC  | Transaction ID: 2009M04L21a00011<br>Date of Disbursement  |
|    | Mailing Address 1272 CORPORATE PARK DRIVE<br>SECOND FL   | <input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement PRINT PRODUCTION   | <input type="text" value="1934.76"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00012<br>Date of Disbursement  |
|    | Mailing Address PO BOX 1270  | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement AIR FARE   | <input type="text" value="5.60"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3875.12"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1421 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>US AIRWAYS<br>Mailing Address 5620 UNIVERSITY PKWY<br>City WINSTON SALEM State NC Zip Code 27105<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00012m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>5.60<br>[MEMO ITEM]  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00013<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>206.00<br>[MEMO ITEM]                                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FRONTIER AIRLINES<br>Mailing Address FRONTIER CENTER ONE<br>7001 TOWER RD<br>City DENVER State CO Zip Code 80249<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00013m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>206.00<br>[MEMO ITEM]  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 206.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1422 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00014   |
|    | Mailing Address PO BOX 1270  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>370.20  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00014m  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period<br>370.20  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00015   |
|    | Mailing Address PO BOX 1270  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>484.60  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>854.80</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1423 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>UNITED AIRLINES</p> <p>Mailing Address PO BOX 2013</p> <p>City CHICAGO State IL Zip Code 60673</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> 2009M04L21a00015m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">484.60</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 484.60 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 484.60   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 2009M04L21a00016</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">991.20</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 991.20 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 991.20   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FRONTIER AIRLINES</p> <p>Mailing Address FRONTIER CENTER ONE<br/>7001 TOWER RD</p> <p>City DENVER State CO Zip Code 80249</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00016m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">991.20</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 991.20 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 991.20   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|        |
|--------|
| 991.20 |
|--------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1424 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00017<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1046.80</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DELTA AIRLINES</p> <p>Mailing Address 1629 K ST NW</p> <p>City WASHINGTON State DC Zip Code 20006</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00017m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1046.80</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00018<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1684.80</p>                            |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2731.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1425 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DELTA AIRLINES<br>Mailing Address 1629 K ST NW<br>City WASHINGTON State DC Zip Code 20006<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00018m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Amount of Each Disbursement this Period<br>1684.80<br>[MEMO ITEM]                             |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00019<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Amount of Each Disbursement this Period<br>3253.12<br>[MEMO ITEM]                            |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN AIRLINES<br>Mailing Address DEPARTMENT 13175 P O BOX 13691<br>City NEWARK State NJ Zip Code 07188<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00019m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|  | Amount of Each Disbursement this Period<br>3253.12<br>[MEMO ITEM]                             |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3253.12 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1426 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00020</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3658.80</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 3658.80 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 3658.80   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>UNITED AIRLINES</p> <p>Mailing Address PO BOX 2013</p> <p>City CHICAGO State IL Zip Code 60673</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00020m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3658.80</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 3658.80 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 3658.80   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement BAGGAGE SVS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00021</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.00</td> </tr> </table>                              | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 21.00   |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 21.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3679.80</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1427 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VIRGIN AMERICA INC</p> <p>Mailing Address 555 AIRPORT BLVD FL 2ND</p> <p>City BURLINGAME State CA Zip Code 94010</p> <p>Purpose of Disbursement BAGGAGE SVS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00021m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 21.00  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 21.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement BAGGAGE SVS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> 2009M04L21a00022</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">139.60</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 139.60 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 139.60   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>VIRGIN AMERICA INC</p> <p>Mailing Address 555 AIRPORT BLVD FL 2ND</p> <p>City BURLINGAME State CA Zip Code 94010</p> <p>Purpose of Disbursement BAGGAGE SVS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00022m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">139.60</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 139.60 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 139.60   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 139.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00023   |
|    | Mailing Address PO BOX 1270  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>28.00   |
|    | Purpose of Disbursement<br>CAR WASH  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MR CLEAN CAR WASH   | Transaction ID: 2009M04L21a00023m  |
|    | Mailing Address 11775 HOLLY AUTO CENTER  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WALDORF State MD Zip Code 20602   | Amount of Each Disbursement this Period<br>28.00   |
|    | Purpose of Disbursement<br>CAR WASH  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00024   |
|    | Mailing Address PO BOX 1270  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>34.10   |
|    | Purpose of Disbursement<br>CLEANING SVS  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 62.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1429 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SENATE CLEANERS, INC  | Transaction ID: 2009M04L21a00024m                        |
|    | Mailing Address 300 M ST SW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period<br>34.10         |
|    | Purpose of Disbursement CLEANING SVS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00025                         |
|    | Mailing Address PO BOX 1270  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>320.82        |
|    | Purpose of Disbursement LODGING<br>Candidate Name  | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>THE O'HARE HILTON, IL   | Transaction ID: 2009M04L21a00025m                        |
|    | Mailing Address P O BOX 66414  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City AMF OHARE State IL Zip Code 60666-0414  | Amount of Each Disbursement this Period<br>320.82        |
|    | Purpose of Disbursement LODGING<br>Candidate Name  | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 320.82 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> 2009M04L21a00026</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.40"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>STARBUCKS, LOS ANGELES CA</p> <p>Mailing Address 930 WILSHIRE BLVD</p> <p>City LOS ANGELES State CA Zip Code 90017-3400</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00026m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2.40"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> 2009M04L21a00027</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.38"/></p>                            |

|  |                                   |
|--|-----------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="5.78"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1431 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.   | Full Name (Last, First, Middle Initial)<br>BURGER KING, GLEN BURNIE MD   | Transaction ID: 2009M04L21a00027m<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 7988 CRAIN HWY S   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City GLEN BURNIE State MD Zip Code 21061   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement MEALS  | <table border="1"><tr><td>3.38</td></tr></table>  | 3.38 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3.38 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | [MEMO ITEM]   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00028<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 1270  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement MEALS  | <table border="1"><tr><td>3.99</td></tr></table>  | 3.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3.99 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | [MEMO ITEM]   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>CPK T3 LAX, LOS ANGELES   | Transaction ID: 2009M04L21a00028m<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 201 WORLD WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City LOS ANGELES State CA Zip Code 90045   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement MEALS  | <table border="1"><tr><td>3.99</td></tr></table>  | 3.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3.99 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               | [MEMO ITEM]   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |      |
|--|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3.99</td></tr></table> | 3.99 |
| 3.99   |  |      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>     |      |
|  |  |      |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1432 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 2009M04L21a00029</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.45</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 7.45 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 7.45   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>STARBUCKS, WASHINGTON DC</p> <p>Mailing Address 237 PENN AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00029m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.45</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 7.45 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 7.45   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 2009M04L21a00030</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.63</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 7.63 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |      |
| 7.63   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |      |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>15.08</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1433 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>NATHANS FAMOUS HOTDOGS, NY</p> <p>Mailing Address 2 PENN PLZ</p> <p>City NEW YORK State NY Zip Code 10121-0101</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00030m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">7.63</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 7.63 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 7.63   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00031</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">9.62</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 9.62 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 9.62   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MAIN SAM SNEAD'S TAVERN</p> <p>Mailing Address 1000 TURNAGE BLVD</p> <p>City WEST PALM BEACH State FL Zip Code 33406</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00031m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">9.62</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 9.62 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 9.62   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 9.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: 2009M04L21a00032  
Date of Disbursement

Mailing Address PO BOX 1270

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 9 |   |

City NEWARK State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|  |
|--|
|  |
|--|

|       |
|-------|
| 10.36 |
|-------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
DEWEY & LEBOEUF, NEW YORK

Transaction ID: 2009M04L21a00032m  
Date of Disbursement

Mailing Address 1301 AVE OF THE AMERICAS

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 9 |   |

City NEW YORK State NY Zip Code 10019

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|  |
|--|
|  |
|--|

|       |
|-------|
| 10.36 |
|-------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: 2009M04L21a00033  
Date of Disbursement

Mailing Address PO BOX 1270

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 9 |   |

City NEWARK State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|  |
|--|
|  |
|--|

|       |
|-------|
| 11.55 |
|-------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 21.91 |
|-------|

TOTAL This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1435 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMTRAK</p> <p>Mailing Address 50 MASS AVE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> 2009M04L21a00033m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">11.55</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 11.55 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 11.55   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 2009M04L21a00034</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">12.57</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 12.57 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 12.57   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CORNER BAKERY, WASHINGTON DC</p> <p>Mailing Address 529 14TH ST NW STE F11</p> <p>City WASHINGTON State DC Zip Code 20045</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00034m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">12.57</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 12.57 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 12.57   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 12.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1436 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00035</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">16.85</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 16.85 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 16.85   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAPITOL CARRY OUT</p> <p>Mailing Address 1ST AND C ST NE</p> <p>City WASHINGTON State DC Zip Code 20010</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00035m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">16.85</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 16.85 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 16.85   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00036</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">17.56</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 17.56 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0   | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 17.56   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>34.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1437 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AU BON CAFE<br>Mailing Address 706 FRONTAGE RD SW<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00036m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>17.56<br>[MEMO ITEM]   |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00037<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>20.62<br>[MEMO ITEM]  |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>I HOP, LOS ANGELES CA<br>Mailing Address 820 S FLOWER ST<br>City LOS ANGELES State CA Zip Code 90017-4608<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00037m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>20.62<br>[MEMO ITEM]   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 20.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1438 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00038<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address PO BOX 1270  |  |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>22.08   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>EMELIO, BOISE ID  | Transaction ID: 2009M04L21a00038m<br>Date of Disbursement<br>03 / 11 / 2009  |
|    | Mailing Address 245 S CAPITOL BLVD   |  |
|    | City BOISE State ID Zip Code 83702   | Amount of Each Disbursement this Period<br>22.08   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00039<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address PO BOX 1270  |  |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>24.12   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 46.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> 2009M04L21a00041</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">39.24</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 39.24 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 39.24  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>STARBUCKS, ARLINGTON VA</p> <p>Mailing Address 1735 N LYNN ST LBBY 20</p> <p>City ARLINGTON State VA Zip Code 22209-2019</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00041m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">39.24</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 39.24 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 39.24  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> 2009M04L21a00042</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">80.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 0 | 9 | 80.00 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 80.00  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>119.24</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1441 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CONGA ROOM, LOS ANGELES CA</p> <p>Mailing Address 800 W OLYMPIC BLVD 260</p> <p>City LOS ANGELES State CA Zip Code 90017-3403</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00042m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>80.00</p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                           | <p><b>Transaction ID:</b> 2009M04L21a00043<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>225.35</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BOBBY VANS GRILLE, WDC</p> <p>Mailing Address 1201 NEW YORK AVE NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00043m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>225.35</p> <p><b>[MEMO ITEM]</b></p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 225.35 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1442 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br><br>Mailing Address PO BOX 1270<br><br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00044<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>Category/Type |
| B. | Full Name (Last, First, Middle Initial)<br>MCCORMICK & SCHMICKS, WDC<br><br>Mailing Address 901 F ST NW<br><br>City WASHINGTON State DC Zip Code 20004-1417<br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00044m<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>1000.00<br><br>[MEMO ITEM]  |
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br><br>Mailing Address PO BOX 1270<br><br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00045<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>1487.45<br><br>Category/Type |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2487.45

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1443 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br><b>THE BREAKERS PALM BEACH</b><br><hr/> Mailing Address <b>ONE SOUTH COUNTY ROAD</b><br><hr/> City <b>PALM BEACH</b> State <b>FL</b> Zip Code <b>33480</b><br>Purpose of Disbursement <b>MEALS</b><br>Candidate Name _____<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00045m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>1487.45<br><hr/> <b>[MEMO ITEM]</b> |
| B. | Full Name (Last, First, Middle Initial)<br><b>AMERICAN EXPRESS</b><br><hr/> Mailing Address <b>PO BOX 1270</b><br><hr/> City <b>NEWARK</b> State <b>NJ</b> Zip Code <b>07101-1270</b><br>Purpose of Disbursement <b>METRO FARE</b><br>Candidate Name _____<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: 2009M04L21a00046<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>50.00<br><hr/> <b>[MEMO ITEM]</b>    |
| C. | Full Name (Last, First, Middle Initial)<br><b>WA METRO ATA</b><br><hr/> Mailing Address <b>600 5TH ST NW</b><br><hr/> City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001-2610</b><br>Purpose of Disbursement <b>METRO FARE</b><br>Candidate Name _____<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: _____ District: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼          | Transaction ID: 2009M04L21a00046m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>50.00<br><hr/> <b>[MEMO ITEM]</b>   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**50.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement OFFCIE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                    | <p><b>Transaction ID:</b> 2009M04L21a00047</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">47.24</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 47.24 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 47.24  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BED BATH &amp; BEYOND, ARLINGTON</p> <p>Mailing Address 900 ARMY NAVY DR</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement OFFCIE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00047m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">47.24</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 47.24 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 47.24  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                    | <p><b>Transaction ID:</b> 2009M04L21a00048</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">3.99</td> </tr> </table>                             | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 3.99  |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 3.99   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

51.23

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1445 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RITE AID, LOS ANGELES CA</p> <p>Mailing Address 600 W 7TH ST</p> <p>City LOS ANGELES State CA Zip Code 90017-3842</p> <p>Purpose of Disbursement<br/>OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00048m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3.99</p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> 2009M04L21a00049<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>32.53</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BEST BUY, ARLINGTON VA</p> <p>Mailing Address 1201 S HAYES SE STE B</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement<br/>OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00049m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>32.53</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

32.53

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1446 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|--------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00050</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">85.70</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 85.70  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 85.70  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DUNKINDONUTS.COM</p> <p>Mailing Address 150 DEPOT ST</p> <p>City BELLINGHAM State MA Zip Code 02019</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00050m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">85.70</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 85.70  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 85.70  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00051</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">159.03</td> </tr> </table>                           | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 159.03 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |        |
| 159.03   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|               |
|---------------|
| <b>244.73</b> |
|---------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>BED BATH & BEYOND, WDC<br><hr/> Mailing Address 709 7THST NW<br><hr/> City WASHINGTON State DC Zip Code 20001<br><hr/> Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00051m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>159.03<br><hr/> <b>[MEMO ITEM]</b> |
| B. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br><hr/> Mailing Address PO BOX 1270<br><hr/> City NEWARK State NJ Zip Code 07101-1270<br><hr/> Purpose of Disbursement PARKING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: 2009M04L21a00052<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>5.00<br><hr/> <b>[MEMO ITEM]</b>    |
| C. | Full Name (Last, First, Middle Initial)<br>BOISE CENTRE ON THE GROVE, ID<br><hr/> Mailing Address 850 W FRONT ST<br><hr/> City BOISE State ID Zip Code 83702<br><hr/> Purpose of Disbursement PARKING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: 2009M04L21a00052m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>5.00<br><hr/> <b>[MEMO ITEM]</b>   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | 5.00 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1448 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: 2009M04L21a00053  
Date of Disbursement

Mailing Address PO BOX 1270

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

City NEWARK State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

Purpose of Disbursement  
PUBLICATIONS

Category/  
Type

|       |
|-------|
| 49.09 |
|-------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
HUDSON NEWS INC, NJ

Transaction ID: 2009M04L21a00053m  
Date of Disbursement

Mailing Address 1 MEADOWLANDS PLZ

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

City EAST RUTHERFORD State NJ Zip Code 07073-2150

Amount of Each Disbursement this Period

Purpose of Disbursement  
PUBLICATIONS

Category/  
Type

|       |
|-------|
| 49.09 |
|-------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
AMERICAN EXPRESS

Transaction ID: 2009M04L21a00054  
Date of Disbursement

Mailing Address PO BOX 1270

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

City NEWARK State NJ Zip Code 07101-1270

Amount of Each Disbursement this Period

Purpose of Disbursement  
RENEWAL SVS

Category/  
Type

|        |
|--------|
| 300.00 |
|--------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|        |
|--------|
| 349.09 |
|--------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1449 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement RENEWAL SVS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00054m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>300.00<br>[MEMO ITEM]  |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement TOLLS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00055<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>25.00<br>[MEMO ITEM]  |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MD DEPT OF TRANSPORTATION<br>Mailing Address 300 AUTHORITY DR<br>City DUNDALK State MD Zip Code 21222-2200<br>Purpose of Disbursement TOLLS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00055m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>25.00<br>[MEMO ITEM]   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 25.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1450 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>TRAIN FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00056<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>526.00</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AMTRAK</p> <p>Mailing Address 50 MASS AVE NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement<br/>TRAIN FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00056m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>526.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement<br/>TRAVEL SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00057<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>70.00</p>                             |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>596.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MACNAIR TRAVEL MANAGEMENT<br>Mailing Address 1101 KING ST SUITE 190<br>City ALEXANDRIA State VA Zip Code 22314<br>Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00057m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Amount of Each Disbursement this Period<br>70.00<br>[MEMO ITEM]                               |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS<br>Mailing Address PO BOX 1270<br>City NEWARK State NJ Zip Code 07101-1270<br>Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00058<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|  | Amount of Each Disbursement this Period<br>90.00   |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MACNAIR TRAVEL MANAGEMENT<br>Mailing Address 1101 KING ST SUITE 190<br>City ALEXANDRIA State VA Zip Code 22314<br>Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00058m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Amount of Each Disbursement this Period<br>90.00<br>[MEMO ITEM]                               |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 90.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00059<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address PO BOX 1270  |  |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>140.00  |
|    | Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MACNAIR TRAVEL MANAGEMENT   | Transaction ID: 2009M04L21a00059m<br>Date of Disbursement<br>03 / 11 / 2009  |
|    | Mailing Address 1101 KING ST SUITE 190   |  |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>140.00  |
|    | Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS  | Transaction ID: 2009M04L21a00060<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address PO BOX 1270  |  |
|    | City NEWARK State NJ Zip Code 07101-1270   | Amount of Each Disbursement this Period<br>210.00  |
|    | Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 350.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MACNAIR TRAVEL MANAGEMENT<br>Mailing Address 1101 KING ST SUITE 190<br>City ALEXANDRIA State VA Zip Code 22314<br>Purpose of Disbursement TRAVEL SERVICE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00060m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>210.00<br>[MEMO ITEM]  |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SAUL ANUZIS<br>Mailing Address 5 LOCUST LANE<br>City LANSING State MI Zip Code 48911<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00061<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>336.40<br>[MEMO ITEM]                                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>NORTHWEST AIRLINES<br>Mailing Address 4000 E SKY HARBOR BLVD<br>City PHOENIX State AZ Zip Code 85034<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00061m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>336.40<br>[MEMO ITEM]  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 336.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1454 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SAUL ANUZIS</p> <p>Mailing Address 5 LOCUST LANE</p> <p>City LANSING State MI Zip Code 48911</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00062</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">668.50</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 668.50 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 668.50  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>NORTHWEST AIRLINES</p> <p>Mailing Address 4000 E SKY HARBOR BLVD</p> <p>City PHOENIX State AZ Zip Code 85034</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00062m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">668.50</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 668.50 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 668.50  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SAUL ANUZIS</p> <p>Mailing Address 5 LOCUST LANE</p> <p>City LANSING State MI Zip Code 48911</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00063</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">797.61</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 797.61 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 797.61  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1466.11</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1455 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>OMNI SHOREHAM HOTEL, WDC</p> <p>Mailing Address 2500 CALVERT ST NW</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00063m<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>797.61</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SAUL ANUZIS</p> <p>Mailing Address 5 LOCUST LANE</p> <p>City LANSING State MI Zip Code 48911</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 2009M04L21a00064<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>38.75</p>                             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TUNE INN, WASHINGTON DC</p> <p>Mailing Address 331 PENN AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00064m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>38.75</p> <p><b>[MEMO ITEM]</b></p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

38.75

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SAUL ANUZIS   | Transaction ID: 2009M04L21a00065   |
|    | Mailing Address 5 LOCUST LANE  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LANSING State MI Zip Code 48911   | Amount of Each Disbursement this Period<br>49.86   |
|    | Purpose of Disbursement MEALS  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>BERTUCCI'S BRICKOVEN  | Transaction ID: 2009M04L21a00065m  |
|    | Mailing Address 725 KING STREET  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>49.86   |
|    | Purpose of Disbursement MEALS  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SAUL ANUZIS   | Transaction ID: 2009M04L21a00066   |
|    | Mailing Address 5 LOCUST LANE  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LANSING State MI Zip Code 48911   | Amount of Each Disbursement this Period<br>20.00   |
|    | Purpose of Disbursement TAXI   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 69.86 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1457 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SAUL ANUZIS</p> <p>Mailing Address 5 LOCUST LANE</p> <p>City LANSING State MI Zip Code 48911</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                     | <p><b>Transaction ID:</b> 2009M04L21a00067</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.00"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SAUL ANUZIS</p> <p>Mailing Address 5 LOCUST LANE</p> <p>City LANSING State MI Zip Code 48911</p> <p>Purpose of Disbursement TAXI'S</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 2009M04L21a00068</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BRIAN ATHEY</p> <p>Mailing Address 531 NORTHPARK DR</p> <p>City BOSSIER CITY State LA Zip Code 71111</p> <p>Purpose of Disbursement GRAPHIC SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00069</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>BRIAN ATHEY   | Transaction ID: 2009M04L21a00070   |
|    | Mailing Address 531 NORTHPARK DR   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City BOSSIER CITY State LA Zip Code 71111  | Amount of Each Disbursement this Period<br>83.33   |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>BRIAN ATHEY   | Transaction ID: 2009M04L21a00071   |
|    | Mailing Address 531 NORTHPARK DR   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City BOSSIER CITY State LA Zip Code 71111  | Amount of Each Disbursement this Period<br>83.34   |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY   | Transaction ID: 2009M04L21a00072   |
|    | Mailing Address P O BOX 6463   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CAROL STREAM State IL Zip Code 60197  | Amount of Each Disbursement this Period<br>69.97   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>236.64</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1459 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY<br>Mailing Address P O BOX 6463<br>City CAROL STREAM State IL Zip Code 60197<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00073<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>103.94  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY<br>Mailing Address P O BOX 6463<br>City CAROL STREAM State IL Zip Code 60197<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00074<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>130.66  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY<br>Mailing Address P O BOX 6463<br>City CAROL STREAM State IL Zip Code 60197<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00075<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>181.71  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 416.31 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
AVIS RENT A CAR SYSTEM, INC.

Mailing Address 7876 COLLECTIONS CENTER DRIVE

City CHICAGO State IL Zip Code 60693

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00076  
Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2009

Amount of Each Disbursement this Period

292.26

**B.** Full Name (Last, First, Middle Initial)  
BALFOUR PHOTOGRAPHY

Mailing Address 2481 MISSION ST

City SAN MARINO State CA Zip Code 91108

Purpose of Disbursement  
REPRINTS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00077  
Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2009

Amount of Each Disbursement this Period

31.00

**C.** Full Name (Last, First, Middle Initial)  
JAY BANNING

Mailing Address 2127 CALIFORNIA ST NW  
APT 205

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00078  
Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2009

Amount of Each Disbursement this Period

24.45

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

347.71

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1461 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>TUNE INN, WASHINGTON DC  | Transaction ID: 2009M04L21a00078m                        |
|    | Mailing Address 331 PENN AVE SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20003   | Amount of Each Disbursement this Period<br>24.45         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>JAY BANNING  | Transaction ID: 2009M04L21a00079                         |
|    | Mailing Address 2127 CALIFORNIA ST NW<br>APT 205  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20008   | Amount of Each Disbursement this Period<br>90.08         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>THE PALM RESTAURANT, WDC   | Transaction ID: 2009M04L21a00079m                        |
|    | Mailing Address 1225 19TH ST NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20036   | Amount of Each Disbursement this Period<br>90.08         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 90.08 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JAY BANNING   | Transaction ID: 2009M04L21a00080<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                                   |
|    | Mailing Address 2127 CALIFORNIA ST NW<br>APT 205   | Amount of Each Disbursement this Period<br>177.14  |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>LOGAN TAVERN  | Transaction ID: 2009M04L21a00080m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                                  |
|    | Mailing Address 1423 P ST NW   | Amount of Each Disbursement this Period<br>177.14  |
|    | City WASHINGTON State DC Zip Code 20005  |  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JAY BANNING   | Transaction ID: 2009M04L21a00081<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                                   |
|    | Mailing Address 2127 CALIFORNIA ST NW<br>APT 205   | Amount of Each Disbursement this Period<br>34.00   |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement PARKING,TAXI<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 211.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1463 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JAY BANNING   | Transaction ID: 2009M04L21a00082<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 2127 CALIFORNIA ST NW<br>APT 205   | Amount of Each Disbursement this Period<br>24.00   |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement TAXI   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>JAY BANNING   | Transaction ID: 2009M04L21a00083<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 2127 CALIFORNIA ST NW<br>APT 205   | Amount of Each Disbursement this Period<br>26.00   |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement TAXI   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>BARBIZON LIGHTING COMPANY   | Transaction ID: 2009M04L21a00084<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address BARBIZON CAPITOL INC.<br>6437-G GENERAL GREEN WAY  | Amount of Each Disbursement this Period<br>786.94  |
|    | City ALEXANDRIA State VA Zip Code 22312  |  |
|    | Purpose of Disbursement CAMERA BATTERIES   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>836.94</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>BARBIZON LIGHTING COMPANY   | Transaction ID: 2009M04L21a00085<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address: BARBIZON CAPITOL INC.<br>6437-G GENERAL GREEN WAY   | Amount of Each Disbursement this Period<br>183.48  |
|    | City: ALEXANDRIA State: VA Zip Code: 22312   |  |
|    | Purpose of Disbursement: STUDIO LAMPS  |  |
|    | Candidate Name: _____  | Category/Type: _____   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: _____ District: _____   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MELISSA BARND   | Transaction ID: 2009M04L21a00086<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address: 328 D ST SE   | Amount of Each Disbursement this Period<br>45.71   |
|    | City: WASHINGTON State: DC Zip Code: 20003   |  |
|    | Purpose of Disbursement: OFFICE SUPPLIES   |  |
|    | Candidate Name: _____  | Category/Type: _____   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: _____ District: _____   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMAZON.COM  | Transaction ID: 2009M04L21a00086m<br>Date of Disbursement<br>03 / 05 / 2009  |
|    | Mailing Address: P O BOX 81226   | Amount of Each Disbursement this Period<br>45.71   |
|    | City: SEATTLE State: WA Zip Code: 98108  |  |
|    | Purpose of Disbursement: OFFICE SUPPLIES   |  |
|    | Candidate Name: _____  | Category/Type: _____   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: _____ District: _____   |  |

[MEMO ITEM]

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 229.19 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1465 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>IAN BARTELS</p> <p>Mailing Address 1200 NORTH VEITCH STREET #1612</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00087</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.98"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>COMCAST</p> <p>Mailing Address P O BOX 3005</p> <p>City SOUTHEASTERN State PA Zip Code 19398</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                    | <p><b>Transaction ID:</b> 2009M04L21a00087m</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="59.98"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>LAUREN BATTEY</p> <p>Mailing Address 642 EAST CAPITOL ST NE APT 3</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>            | <p><b>Transaction ID:</b> 2009M04L21a00088</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.80"/></p>                            |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="79.78"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1466 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FIREHOOK BAKERY</p> <p>Mailing Address 215 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> 2009M04L21a00088m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>9</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.80</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 9 | / | 2 | 0 | 0 | 9 | 19.80 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 1 | 9 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 19.80  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LAUREN BATTEY</p> <p>Mailing Address 642 EAST CAPITOL ST NE APT 3</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00089</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">18.98</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | 18.98 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 18.98  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CONGRESSIONAL LIQUORS</p> <p>Mailing Address 404 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00089m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">18.98</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | 18.98 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 0  | 3  | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |       |
| 18.98  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 18.98 |
|-------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1467 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BFPE INTERNATIONAL</p> <p>Mailing Address P O BOX 630067</p> <p>City BALTIMORE State MD Zip Code 21263</p> <p>Purpose of Disbursement EQUIPMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00090</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="343.69"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BFPE INTERNATIONAL</p> <p>Mailing Address P O BOX 630067</p> <p>City BALTIMORE State MD Zip Code 21263</p> <p>Purpose of Disbursement EQUIPMENT MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                                | <p><b>Transaction ID:</b> 2009M04L21a00091</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="475.88"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>THE BONJEAN COMPANY</p> <p>Mailing Address 1455 PENNSYLVANIA AVE, NW<br/>SUITE 100</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00092</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="-994.86"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>THE BONJEAN COMPANY   | Transaction ID: 2009M04L21a00093<br>Date of Disbursement  |
|    | Mailing Address 1455 PENNSYLVANIA AVE, NW<br>SUITE 100   | <input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement ISSUED IN ERROR 2/26/2009  | <input type="text" value="-234.37"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>THE BONJEAN COMPANY   | Transaction ID: 2009M04L21a00094<br>Date of Disbursement  |
|    | Mailing Address 1455 PENNSYLVANIA AVE, NW<br>SUITE 100   | <input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement ISSUED IN ERROR 2/26/2009  | <input type="text" value="-105.02"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>THE BONJEAN COMPANY   | Transaction ID: 2009M04L21a00095<br>Date of Disbursement  |
|    | Mailing Address 1455 PENNSYLVANIA AVE, NW<br>SUITE 100   | <input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement ISSUED IN ERROR 2/26/2009  | <input type="text" value="-85.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼    |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="-424.39"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1469 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>THE BONJEAN COMPANY</p> <p>Mailing Address 1455 PENNSYLVANIA AVE, NW<br/>SUITE 100</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement<br/>ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00096<br/><b>Date of Disbursement:</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td style="text-align: center;">-84.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | -84.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| -84.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>THE BONJEAN COMPANY</p> <p>Mailing Address 1455 PENNSYLVANIA AVE, NW<br/>SUITE 100</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement<br/>ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00097<br/><b>Date of Disbursement:</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td style="text-align: center;">-75.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | -75.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| -75.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>THE BONJEAN COMPANY</p> <p>Mailing Address 1455 PENNSYLVANIA AVE, NW<br/>SUITE 100</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement<br/>ISSUED IN ERROR 2/26/2009</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00098<br/><b>Date of Disbursement:</b><br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td style="text-align: center;">-50.00</td> </tr> </table> </p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | -50.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0   | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| -50.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**-209.00**

**TOTAL** This Period (last page this line number only) ..... ▶

.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1470 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SARA BONJEAN</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00099<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>84.00</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00099m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>84.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SARA BONJEAN</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement<br/>CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00100<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>994.86</p>                           |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1078.86

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BGI SHARED SERVICES</p> <p>Mailing Address BUDGET RENT A CAR SYSTEMS, INC<br/>14297 COLLECTIONS CENTER DR</p> <p>City CHICAGO State IL Zip Code 60693</p> <p>Purpose of Disbursement CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00100m</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>994.86</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SARA BONJEAN</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00101</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14.50</p>                             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FIREHOOK BAKERY</p> <p>Mailing Address 215 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00101m</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14.50</p> <p><b>[MEMO ITEM]</b></p>  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 14.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1472 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SARA BONJEAN</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00102</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">25.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 25.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 25.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FIREHOOK BAKERY</p> <p>Mailing Address 215 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00102m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">25.00</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 25.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 25.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SARA BONJEAN</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00103</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">28.82</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 28.82 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 28.82   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|              |
|--------------|
| <b>53.82</b> |
|--------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1473 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>BISTRO ITALIANO, WASHINGTON DC<br>Mailing Address 320 D ST NE<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00103m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|   | Amount of Each Disbursement this Period<br>28.82<br>[MEMO ITEM]                               |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SARA BONJEAN<br>Mailing Address 500 MONTICELLO BLVD<br>City ALEXANDRIA State VA Zip Code 22305<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00104<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>105.02<br>[MEMO ITEM]                             |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MAIN SAM SNEAD'S TAVERN<br>Mailing Address 1000 TURNAGE BLVD<br>City WEST PALM BEACH State FL Zip Code 33406<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00104m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>105.02<br>[MEMO ITEM]                              |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 105.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1474 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN<br><hr/> Mailing Address 500 MONTICELLO BLVD<br><hr/> City ALEXANDRIA State VA Zip Code 22305<br><hr/> Purpose of Disbursement MEALS,PARKING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:              | Transaction ID: 2009M04L21a00105<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>234.37                     |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH<br><hr/> Mailing Address ONE SOUTH COUNTY ROAD<br><hr/> City PALM BEACH State FL Zip Code 33480<br><hr/> Purpose of Disbursement MEALS,PARKING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L21a00105m<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>234.37<br><br>[MEMO ITEM] |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN<br><hr/> Mailing Address 500 MONTICELLO BLVD<br><hr/> City ALEXANDRIA State VA Zip Code 22305<br><hr/> Purpose of Disbursement PARKING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                    | Transaction ID: 2009M04L21a00106<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>75.00                      |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

309.37

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1475 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00107<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="75.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00108<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="75.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00109<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="75.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="225.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1476 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00110<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="75.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00111<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TAXI   | <input type="text" value="12.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN  | Transaction ID: 2009M04L21a00112<br>Date of Disbursement   |
|    | Mailing Address 500 MONTICELLO BLVD  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22305  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TAXI   | <input type="text" value="50.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="137.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1477 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SARA BONJEAN<br><hr/> Mailing Address 500 MONTICELLO BLVD<br><hr/> City ALEXANDRIA State VA Zip Code 22305<br><hr/> Purpose of Disbursement TIPS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21a00113<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>85.00   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>BOWIE'S, INC,<br><hr/> Mailing Address 1337 E STREET SE<br><hr/> City WASHINGTON State DC Zip Code 20003<br><hr/> Purpose of Disbursement TRASH REMOVAL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00114<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>2196.95 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>JOSH BOWLING<br><hr/> Mailing Address 1401 N TAFT ST 221<br><hr/> City ARLINGTON State VA Zip Code 22201<br><hr/> Purpose of Disbursement PER DIEM<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: 2009M04L21a00115<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>100.00  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2381.95

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1478 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JOSH BOWLING  | Transaction ID: 2009M04L21a00116<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address 1401 N TAFT ST 221   |  |
|    | City ARLINGTON State VA Zip Code 22201   | Amount of Each Disbursement this Period<br>100.00  |
|    | Purpose of Disbursement PER DIEM<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>JOSH BOWLING  | Transaction ID: 2009M04L21a00117<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 1401 N TAFT ST 221   |  |
|    | City ARLINGTON State VA Zip Code 22201   | Amount of Each Disbursement this Period<br>100.00  |
|    | Purpose of Disbursement PER DIEM<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JOSH BOWLING  | Transaction ID: 2009M04L21a00118<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 1401 N TAFT ST 221   |  |
|    | City ARLINGTON State VA Zip Code 22201   | Amount of Each Disbursement this Period<br>100.00  |
|    | Purpose of Disbursement PER DIEM<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>300.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1479 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00119</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="8.50"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>REP PARTY OF OREGON</p> <p>Mailing Address PO BOX 789</p> <p>City SALEM State OR Zip Code 97308</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 2009M04L21a00119m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="8.50"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00120</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="8.51"/></p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CREPE MAKER</p> <p>Mailing Address 17 S. FT. LAUDERDALE BEACH BLV #112</p> <p>City FT. LAUDERDALE State FL Zip Code 33316</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00120m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">8.51</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 9 |  | 8.51  |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0   | 3   |   | 2 | 6 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 8.51  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00121</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">14.41</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 9 |  | 14.41 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0   | 3   |   | 2 | 6 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 14.41   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>STARBUCKS, ARLINGTON VA</p> <p>Mailing Address 1735 N LYNN ST LBBY 20</p> <p>City ARLINGTON State VA Zip Code 22209-2019</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00121m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">14.41</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 9 |  | 14.41 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 0   | 3   |   | 2 | 6 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |       |
| 14.41   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

14.41

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>       | <p><b>Transaction ID:</b> 2009M04L21a00122</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.21"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BULLFEATHERS, WASHINGTON DC</p> <p>Mailing Address 410 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00122m</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="70.21"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>     | <p><b>Transaction ID:</b> 2009M04L21a00123</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.50"/></p>                             |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="73.71"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1482 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00124</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">8.25</td> </tr> </table>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 8.25  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 8.25   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00125</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">12.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 12.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 12.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PARISH BRADEN</p> <p>Mailing Address 700 7TH ST SW APT 710</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00126</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">21.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 21.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0  | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 21.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**41.25**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>PARISH BRADEN   | Transaction ID: 2009M04L21a00127<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 700 7TH ST SW APT 710  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 2     | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>23.00</td></tr></table>  | 23.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 23.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>PARISH BRADEN   | Transaction ID: 2009M04L21a00128<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 700 7TH ST SW APT 710  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 2     | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>37.00</td></tr></table>  | 37.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 37.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>PARISH BRADEN   | Transaction ID: 2009M04L21a00129<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 700 7TH ST SW APT 710  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>80.65</td></tr></table>  | 80.65 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 80.65 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>140.65</td></tr></table> | 140.65 |
| 140.65   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1484 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH<br>Mailing Address ONE SOUTH COUNTY ROAD<br>City PALM BEACH State FL Zip Code 33480<br>Purpose of Disbursement CATERING,LODGING,A/V RENTAL<br>Candidate Name                           | Transaction ID: 2009M04L21a00130<br>Date of Disbursement<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>10660.29                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH<br>Mailing Address ONE SOUTH COUNTY ROAD<br>City PALM BEACH State FL Zip Code 33480<br>Purpose of Disbursement CATERING,LODGING,A/V RENTAL<br>Candidate Name                           | Transaction ID: 2009M04L21a00131<br>Date of Disbursement<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>10660.29                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH<br>Mailing Address ONE SOUTH COUNTY ROAD<br>City PALM BEACH State FL Zip Code 33480<br>Purpose of Disbursement CATERING,LODGING,A/V RENTAL<br>Candidate Name                           | Transaction ID: 2009M04L21a00132<br>Date of Disbursement<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>10660.29                        |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 31980.87    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1485 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS   | Transaction ID: 2009M04L21a00133<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413   | Amount of Each Disbursement this Period<br>132.18  |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement BUILDING MAINTENANCE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS   | Transaction ID: 2009M04L21a00134<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413   | Amount of Each Disbursement this Period<br>544.88  |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement BUILDING MAINTENANCE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS   | Transaction ID: 2009M04L21a00135<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413   | Amount of Each Disbursement this Period<br>3109.07   |
|    | City WASHINGTON State DC Zip Code 20008  |  |
|    | Purpose of Disbursement BUILDING MAINTENANCE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3786.13</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS<br>Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413<br>City WASHINGTON State DC Zip Code 20008<br>Purpose of Disbursement BUILDING MAINTENANCE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00136<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>3338.76   |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS<br>Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413<br>City WASHINGTON State DC Zip Code 20008<br>Purpose of Disbursement BUILDING MAINTENANCE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00137<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>6047.02   |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>B SMITH INTERIORS<br>Mailing Address 2000 CONNECTICUT AVE NW<br>SUITE 413<br>City WASHINGTON State DC Zip Code 20008<br>Purpose of Disbursement BUILDING MAINTENANCE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00138<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|  | Amount of Each Disbursement this Period<br>8614.78   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 18000.56    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1488 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BUDGET RENT A CAR SYSTEMS,INC</p> <p>Mailing Address DAMAGE CLAIMS DEPT<br/>PO BOX 403962</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement<br/>CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00142<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>405.06</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BUDGET RENT A CAR SYSTEMS,INC</p> <p>Mailing Address DAMAGE CLAIMS DEPT<br/>PO BOX 403962</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement<br/>CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00143<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>665.80</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BUDGET RENT A CAR SYSTEMS,INC</p> <p>Mailing Address DAMAGE CLAIMS DEPT<br/>PO BOX 403962</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement<br/>CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00144<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>728.94</p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1799.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1489 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DAVID BURKE</p> <p>Mailing Address P O BOX 2846</p> <p>City WESTPORT State CT Zip Code 68803</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00145</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="679.20"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00145m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="679.20"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DAVID BURKE</p> <p>Mailing Address P O BOX 2846</p> <p>City WESTPORT State CT Zip Code 68803</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> 2009M04L21a00146</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4.42"/></p>                              |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="683.62"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DUNKIN DONUTS, FLUSHING NY<br><hr/> Mailing Address PA ADMINISTRATION BLDG<br><hr/> City FLUSHING State NY Zip Code 01371<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00146m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>4.42<br><br><b>[MEMO ITEM]</b>                               |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>DAVID BURKE<br><hr/> Mailing Address P O BOX 2846<br><hr/> City WESTPORT State CT Zip Code 68803<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                          | Transaction ID: 2009M04L21a00147<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9  |
|   | Amount of Each Disbursement this Period<br>6.59<br><br><b>[MEMO ITEM]</b>                               |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>ORGANIC TO GO<br><hr/> Mailing Address 927 15TH ST NW<br><hr/> City WASHINGTON State DC Zip Code 20004<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 2009M04L21a00147m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>6.59<br><br><b>[MEMO ITEM]</b>                               |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6.59

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DAVID BURKE</p> <p>Mailing Address P O BOX 2846</p> <p>City WESTPORT State CT Zip Code 68803</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                                    | <p><b>Transaction ID:</b> 2009M04L21a00148</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2.00</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>USA TODAY, FLUSHING NY</p> <p>Mailing Address PA ADMINISTRATION BLDG<br/>HUNGAR 7C</p> <p>City FLUSHING State NY Zip Code 11371</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00148m</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DAVID BURKE</p> <p>Mailing Address P O BOX 2846</p> <p>City WESTPORT State CT Zip Code 68803</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>   | <p><b>Transaction ID:</b> 2009M04L21a00149</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>44.00</p>                           |

|   |                     |
|---|---------------------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><b>46.00</b></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> |                     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MATTHEW BURNS</p> <p>Mailing Address 250 6TH STREET EAST<br/>#432</p> <p>City ST PAUL State MN Zip Code 55101</p> <p>Purpose of Disbursement<br/>CONSULTING-SPEECH WRITING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 2009M04L21a00150<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAMPAIGN SOLUTIONS/THE</p> <p>Mailing Address DONATELLI GROUP<br/>118 NORTH SAINT ASAPH STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>GRAPHIC SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00151<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2800.00</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CAMPAIGN SOLUTIONS/THE</p> <p>Mailing Address DONATELLI GROUP<br/>118 NORTH SAINT ASAPH STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a00152<br/><b>Date of Disbursement</b><br/>03 / 10 / 2009</p> <p>Amount of Each Disbursement this Period<br/>15000.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

22800.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB<br>Mailing Address 300 FIRST STREET, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement CATERING COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00153<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>146.68<br>Category/Type                                     |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB<br>Mailing Address 300 FIRST STREET, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement CATERING COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00154<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>528.00<br>Category/Type                                     |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB<br>Mailing Address 300 FIRST STREET, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00155<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>34.08<br>Category/Type                                      |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 708.76 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1494 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB   | Transaction ID: 2009M04L21a00156   |
|    | Mailing Address 300 FIRST STREET, SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>91.51   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB   | Transaction ID: 2009M04L21a00157   |
|    | Mailing Address 300 FIRST STREET, SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>146.68  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB   | Transaction ID: 2009M04L21a00158   |
|    | Mailing Address 300 FIRST STREET, SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>342.01  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>580.20</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1495 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00159</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="378.83"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00160</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.96"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00161</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="204.96"/></p> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="788.75"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1496 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00162</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>204.96</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00163</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>204.96</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00164</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>209.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**618.92**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL SUITES   | Transaction ID: 2009M04L21a00165<br>Date of Disbursement  |
|    | Mailing Address 200 C. STREET SE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LODGING  | <input type="text" value="627.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL SUITES   | Transaction ID: 2009M04L21a00166<br>Date of Disbursement  |
|    | Mailing Address 200 C. STREET SE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LODGING  | <input type="text" value="1254.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL SUITES   | Transaction ID: 2009M04L21a00167<br>Date of Disbursement  |
|    | Mailing Address 200 C. STREET SE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/> |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement LODGING  | <input type="text" value="1254.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="3135.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1498 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CD INC  | Transaction ID: 2009M04L21a00168  |
|    | Mailing Address P O BOX 1877   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City ALEXANDRIA State VA Zip Code 22313  | Amount of Each Disbursement this Period<br>7372.37                                  |
|    | Purpose of Disbursement INTERNET SERVICES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CD INC  | Transaction ID: 2009M04L21a00169  |
|    | Mailing Address P O BOX 1877   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                            |
|    | City ALEXANDRIA State VA Zip Code 22313  | Amount of Each Disbursement this Period<br>12205.99                                 |
|    | Purpose of Disbursement INTERNET SERVICES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CD INC  | Transaction ID: 2009M04L21a00170  |
|    | Mailing Address P O BOX 1877   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 25 / 2009                            |
|    | City ALEXANDRIA State VA Zip Code 22313  | Amount of Each Disbursement this Period<br>17000.00                                 |
|    | Purpose of Disbursement INTERNET SERVICES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 36578.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1499 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>C. FORBES, INC  | Transaction ID: 2009M04L21a00171<br>Date of Disbursement   |
|    | Mailing Address 12830 WEST CREEK PKWY<br>SUITE J   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City RICHMOND State VA Zip Code 23238  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | <input type="text" value="2286.99"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>C. FORBES, INC  | Transaction ID: 2009M04L21a00172<br>Date of Disbursement   |
|    | Mailing Address 12830 WEST CREEK PKWY<br>SUITE J   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City RICHMOND State VA Zip Code 23238  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | <input type="text" value="2286.99"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>C. FORBES, INC  | Transaction ID: 2009M04L21a00173<br>Date of Disbursement   |
|    | Mailing Address 12830 WEST CREEK PKWY<br>SUITE J   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City RICHMOND State VA Zip Code 23238  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | <input type="text" value="2287.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1500 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CHAPEL VALLEY LANDSCAPE   | Transaction ID: 2009M04L21a00174   |
|    | Mailing Address P OO BOX 159   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City WOODBINE State MD Zip Code 21797  | Amount of Each Disbursement this Period<br>515.00  |
|    | Purpose of Disbursement<br>LAWNCARE MAINTENANCE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CHIPPEWA VALLEY SCHOOLS   | Transaction ID: 2009M04L21a00175   |
|    | Mailing Address 19120 CASS AVENUE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City CLINTON TWP State MI Zip Code 48038   | Amount of Each Disbursement this Period<br>159.10  |
|    | Purpose of Disbursement<br>TRANSPORTATION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CHIPPEWA VALLEY SCHOOLS   | Transaction ID: 2009M04L21a00176   |
|    | Mailing Address 19120 CASS AVENUE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City CLINTON TWP State MI Zip Code 48038   | Amount of Each Disbursement this Period<br>159.10  |
|    | Purpose of Disbursement<br>TRANSPORTATION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 833.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1501 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CHIPPEWA VALLEY SCHOOLS</p> <p>Mailing Address 19120 CASS AVENUE</p> <p>City CLINTON TWP State MI Zip Code 48038</p> <p>Purpose of Disbursement TRANSPORTATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00177</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="159.10"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CHRYSLER</p> <p>Mailing Address P O BOX 91703</p> <p>City CHICAGO State IL Zip Code 60693</p> <p>Purpose of Disbursement VEHICLE LEASING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 2009M04L21a00178</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="480.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CIGNA GROUP INSURANCE</p> <p>Mailing Address LINA<br/>PO BOX 13701</p> <p>City PHILADELPHIA State PA Zip Code 19101</p> <p>Purpose of Disbursement INSURANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00179</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="339.51"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="978.61"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1502 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>CIGNA GROUP INSURANCE<br><hr/> Mailing Address LINA<br>PO BOX 13701<br><hr/> City PHILADELPHIA State PA Zip Code 19101<br><hr/> Purpose of Disbursement INSURANCE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00180<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>814.89  |
| B. | Full Name (Last, First, Middle Initial)<br>CIGNA GROUP INSURANCE<br><hr/> Mailing Address LINA<br>PO BOX 13701<br><hr/> City PHILADELPHIA State PA Zip Code 19101<br><hr/> Purpose of Disbursement INSURANCE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00181<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>1527.81 |
| C. | Full Name (Last, First, Middle Initial)<br>CMDI<br><hr/> Mailing Address 7704 LEESBURG PIKE<br><hr/> City FALLS CHURCH State VA Zip Code 22043<br><hr/> Purpose of Disbursement DATA ENTRY<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 2009M04L21a00182<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>371.80  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2714.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1503 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00183<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DATA ENTRY   | <input type="text" value="403.27"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00184<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DATA ENTRY   | <input type="text" value="8447.54"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00185<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement EQUIPMENT ACCESS   | <input type="text" value="620.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="9470.81"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00186<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement EQUIPMENT ACCESS   | <input type="text" value="930.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00187<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="17.20"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00188<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="50.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="997.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00189   |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>75.00   |
|    | Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00190   |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>75.00   |
|    | Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00191   |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>75.00   |
|    | Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 225.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1506 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00192<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="75.00"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00193<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="100.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00194<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="100.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="275.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00195<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="100.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00196<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="106.86"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00197<br>Date of Disbursement  |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/> |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="125.00"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General                   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="331.86"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement<br/>FILE MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00198<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>125.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement<br/>FILE MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00199<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>200.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CMDI</p> <p>Mailing Address 7704 LEESBURG PIKE</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement<br/>FILE MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00200<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>225.00</p> |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>550.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>CMDI<br><hr/> Mailing Address 7704 LEESBURG PIKE<br><hr/> City FALLS CHURCH State VA Zip Code 22043<br><hr/> Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00201<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>250.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>CMDI<br><hr/> Mailing Address 7704 LEESBURG PIKE<br><hr/> City FALLS CHURCH State VA Zip Code 22043<br><hr/> Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00202<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>271.79 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>CMDI<br><hr/> Mailing Address 7704 LEESBURG PIKE<br><hr/> City FALLS CHURCH State VA Zip Code 22043<br><hr/> Purpose of Disbursement FILE MAINTENANCE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00203<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>300.00 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 821.79      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1510 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00204<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="363.36"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00205<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="390.51"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00206<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="532.34"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1286.21"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00207<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="650.94"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00208<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="853.38"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00209<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="854.50"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2358.82"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1512 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00210<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="1046.33"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00211<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="3048.44"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00212<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="3299.06"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="7393.83"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1513 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00213<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7704 LEESBURG PIKE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 0       | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement FILE MAINTENANCE   | <table border="1"><tr><td>3508.68</td></tr></table>  | 3508.68 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3508.68 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00214<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7704 LEESBURG PIKE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement FILE MAINTENANCE   | <table border="1"><tr><td>4333.24</td></tr></table>  | 4333.24 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4333.24 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00215<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7704 LEESBURG PIKE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement FILE MAINTENANCE   | <table border="1"><tr><td>7634.00</td></tr></table>  | 7634.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 7634.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>15475.92</td></tr></table> | 15475.92 |
| 15475.92   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1514 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00216<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="8081.88"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00217<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="9718.52"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00218<br>Date of Disbursement   |
|    | Mailing Address 7704 LEESBURG PIKE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement FILE MAINTENANCE   | <input type="text" value="11813.16"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="29613.56"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1515 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00219  |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>38873.82                                 |
|    | Purpose of Disbursement FILE MAINTENANCE   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00220  |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>165.00                                   |
|    | Purpose of Disbursement LIST EXCHANGE  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00221  |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>223.44                                   |
|    | Purpose of Disbursement LIST EXCHANGE  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>39262.26</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1516 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00222  |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>410.00                                   |
|    | Purpose of Disbursement LIST EXCHANGE  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CMDI  | Transaction ID: 2009M04L21a00223  |
|    | Mailing Address 7704 LEESBURG PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City FALLS CHURCH State VA Zip Code 22043  | Amount of Each Disbursement this Period<br>2016.34                                  |
|    | Purpose of Disbursement STORAGE COST   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>COGNITIVE DATA, INC   | Transaction ID: 2009M04L21a00224  |
|    | Mailing Address PMB 132<br>300 S. RODNEY PARHAM RD,STE 1   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                            |
|    | City LITTLE ROCK State AR Zip Code 72205   | Amount of Each Disbursement this Period<br>628.62                                   |
|    | Purpose of Disbursement DATA PROCESSING  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3054.96</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>COGNITIVE DATA, INC   | Transaction ID: 2009M04L21a00225<br>Date of Disbursement   |
|    | Mailing Address PMB 132<br>300 S. RODNEY PARHAM RD,STE 1   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City LITTLE ROCK State AR Zip Code 72205   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DATA PROCESSING  | <input type="text" value="1321.38"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>COGNITIVE DATA, INC   | Transaction ID: 2009M04L21a00226<br>Date of Disbursement   |
|    | Mailing Address PMB 132<br>300 S. RODNEY PARHAM RD,STE 1   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City LITTLE ROCK State AR Zip Code 72205   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DATA PROCESSING  | <input type="text" value="1690.10"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>COGNITIVE DATA, INC   | Transaction ID: 2009M04L21a00227<br>Date of Disbursement   |
|    | Mailing Address PMB 132<br>300 S. RODNEY PARHAM RD,STE 1   | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City LITTLE ROCK State AR Zip Code 72205   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DATA PROCESSING  | <input type="text" value="4430.88"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="7442.36"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1518 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>COLD HARBOR FILMS</b>  | <b>Transaction ID:</b> 2009M04L21a00228  |
|    | Mailing Address <b>815 SLATERS LANE</b>  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City <b>ALEXANDRIA</b> State <b>VA</b> Zip Code <b>22314</b>   | Amount of Each Disbursement this Period<br>5536.58   |
|    | Purpose of Disbursement<br><b>VIDEO PRODUCTION</b>   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>COMCAST</b>  | <b>Transaction ID:</b> 2009M04L21a00229  |
|    | Mailing Address <b>P O BOX 3005</b>  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City <b>SOUTHEASTERN</b> State <b>PA</b> Zip Code <b>19398</b>   | Amount of Each Disbursement this Period<br>1389.49   |
|    | Purpose of Disbursement<br><b>CABLE TV SERVICE</b>   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>COMCAST</b>  | <b>Transaction ID:</b> 2009M04L21a00230  |
|    | Mailing Address <b>P O BOX 30005</b>   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City <b>SOUTHEASTERN</b> State <b>PA</b> Zip Code <b>19398-3005</b>  | Amount of Each Disbursement this Period<br>84.26   |
|    | Purpose of Disbursement<br><b>CABLE TV SERVICE</b>   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) .....

**7010.33**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1519 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.       | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00231<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 1        | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement PAPER SUPPLY   | <table border="1"><tr><td>10878.13</td></tr></table>   | 10878.13 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 10878.13 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00232<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 9 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement POSTAGE  | <table border="1"><tr><td>180.00</td></tr></table>   | 180.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 180.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.       | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00233<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 9 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 0        | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement POSTAGE  | <table border="1"><tr><td>16251.03</td></tr></table>   | 16251.03 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 16251.03 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>27309.16</td></tr></table> | 27309.16 |
| 27309.16   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-----------|--|--|-----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.        | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00234<br>Date of Disbursement   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M         | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 3 |  | 2 | 0 | 0 |
| M         | M  | /  | D         | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0         | 3  |  | 0         | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|           | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Purpose of Disbursement POSTAGE  | <table border="1"><tr><td>334971.67</td></tr></table>  | 334971.67 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 334971.67 |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Candidate Name   | Category/Type  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | State: District:   |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.       | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00235<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 2        | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement PRINT,MAIL PRODUCTION  | <table border="1"><tr><td>16354.65</td></tr></table>   | 16354.65 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 16354.65 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|           |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-----------|--|--|-----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.        | Full Name (Last, First, Middle Initial)<br>COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00236<br>Date of Disbursement   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Mailing Address OF AMERICA<br>13195 FREEDOM WAY  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M         | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M         | M  | /  | D         | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0         | 3  |  | 2         | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|           | City BOSTON State VA Zip Code 22713  | Amount of Each Disbursement this Period  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Purpose of Disbursement PRINT,MAIL PRODUCTION  | <table border="1"><tr><td>197709.00</td></tr></table>  | 197709.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 197709.00 |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Candidate Name   | Category/Type  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | State: District:   |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>549035.32</td></tr></table> | 549035.32 |
| 549035.32  |   |           |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>          |           |
|  |   |           |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1521 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |   |
|-----------|--|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>COMMUNICATIONS ENGINEERING, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00237<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                               |   |
|           | Mailing Address 8500 CINDER BED RD<br>SUITE 100  |   | Amount of Each Disbursement this Period<br>465.30 |
|           | City NEWINGTON State VA Zip Code 22122-8500  |   |   |
|           | Purpose of Disbursement<br>EQUIPMENT MAINTENANCE   |   |   |
|           | Candidate Name   | Category/<br>Type   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>COMMUNICATIONS ENGINEERING, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00238<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                               |   |
|           | Mailing Address 8500 CINDER BED RD<br>SUITE 100  |   | Amount of Each Disbursement this Period<br>465.30 |
|           | City NEWINGTON State VA Zip Code 22122-8500  |   |   |
|           | Purpose of Disbursement<br>EQUIPMENT MAINTENANCE   |   |   |
|           | Candidate Name   | Category/<br>Type   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>COMMUNICATIONS ENGINEERING, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00239<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                               |   |
|           | Mailing Address 8500 CINDER BED RD<br>SUITE 100  |   | Amount of Each Disbursement this Period<br>465.30 |
|           | City NEWINGTON State VA Zip Code 22122-8500  |   |   |
|           | Purpose of Disbursement<br>EQUIPMENT MAINTENANCE   |   |   |
|           | Candidate Name   | Category/<br>Type   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1395.90 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>COMPANY FLOWERS   | Transaction ID: 2009M04L21a00240   |
|    | Mailing Address 2107 N. POLLARD STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>345.63  |
|    | Purpose of Disbursement FLOWERS  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS   | Transaction ID: 2009M04L21a00241   |
|    | Mailing Address 404 1ST ST SE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>135.33  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CONGRESSIONAL LIQUORS   | Transaction ID: 2009M04L21a00242   |
|    | Mailing Address 404 1ST ST SE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>157.12  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>638.08</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1523 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00243</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="109.60"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SOUTHWEST AIRLINES</p> <p>Mailing Address P O BOX 36611</p> <p>City DALLAS State TX Zip Code 75235</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00243m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="109.60"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00244</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="493.60"/></p>                            |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="603.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1524 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |
|---|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br><b>AIRTRAN AIRWAYS</b><br>Mailing Address 1800 PHOENIX BLVD STE 126<br>City ATLANTA State GA Zip Code 30349<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00244m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Category/Type<br>Amount of Each Disbursement this Period<br>493.60<br>[MEMO ITEM]   |   |

|   |   |  |
|---|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br><b>BELINDA COOK</b><br>Mailing Address 113 REMINGTON CRT<br>City CENTREVILLE State MD Zip Code 21617<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00245<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Category/Type<br>Amount of Each Disbursement this Period<br>68.95   |  |

|  |   |   |
|--|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br><b>GRAULS, ANNAPOLIS MD</b><br>Mailing Address 607 TAYLOR AVE<br>City ANNAPOLIS State MD Zip Code 21401<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00245m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Category/Type<br>Amount of Each Disbursement this Period<br>68.95<br>[MEMO ITEM]  |   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 68.95 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1525 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> 2009M04L21a00246</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.13"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>THE BREAKERS PALM BEACH</p> <p>Mailing Address ONE SOUTH COUNTY ROAD</p> <p>City PALM BEACH State FL Zip Code 33480</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00246m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="185.13"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> 2009M04L21a00247</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="243.90"/></p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**429.03**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1526 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SAFEMART, CHESTER MD</p> <p>Mailing Address 1925 MAIN ST</p> <p>City CHESTER State MD Zip Code 21619</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00247m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">243.90</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 243.90 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 243.90  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00248</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">20.00</td> </tr> </table>                             | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 20.00  |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 20.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BELINDA COOK</p> <p>Mailing Address 113 REMINGTON CRT</p> <p>City CENTREVILLE State MD Zip Code 21617</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00249</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">75.00</td> </tr> </table>                             | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 75.00  |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 75.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|              |
|--------------|
| <b>95.00</b> |
|--------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1527 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>BELINDA COOK  | Transaction ID: 2009M04L21a00250   |
|    | Mailing Address 113 REMINGTON CRT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CENTREVILLE State MD Zip Code 21617   | Amount of Each Disbursement this Period<br>80.00   |
|    | Purpose of Disbursement PARKING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>BELINDA COOK  | Transaction ID: 2009M04L21a00251   |
|    | Mailing Address 113 REMINGTON CRT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CENTREVILLE State MD Zip Code 21617   | Amount of Each Disbursement this Period<br>21.00   |
|    | Purpose of Disbursement TIPS<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CORPORATE CARE  | Transaction ID: 2009M04L21a00252   |
|    | Mailing Address 3530 WEST T. C. JESTER   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City HOUSTON State TX Zip Code 77018-5047  | Amount of Each Disbursement this Period<br>1214.33   |
|    | Purpose of Disbursement CARPET CLEANING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1315.33 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>CORPORATE CARE  | Transaction ID: 2009M04L21a00253<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 3530 WEST T. C. JESTER   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City HOUSTON State TX Zip Code 77018-5047  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement JANITORIAL SERVICES  | <table border="1"><tr><td>6551.85</td></tr></table>  | 6551.85 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6551.85 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>COVINGTON & BURLING LLP   | Transaction ID: 2009M04L21a00254<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1201 PENNSYLVANIA AVE NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement LEGAL CONSULTING   | <table border="1"><tr><td>6941.33</td></tr></table>  | 6941.33 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6941.33 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.       | Full Name (Last, First, Middle Initial)<br>COVINGTON & BURLING LLP   | Transaction ID: 2009M04L21a00255<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address 1201 PENNSYLVANIA AVE NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 2        | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement LEGAL CONSULTING   | <table border="1"><tr><td>10009.15</td></tr></table>   | 10009.15 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 10009.15 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   | <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>23502.33</td></tr></table> | 23502.33 |
| 23502.33   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>COVINGTON & BURLING LLP   | Transaction ID: 2009M04L21a00256<br>Date of Disbursement   |
|    | Mailing Address 1201 PENNSYLVANIA AVE NW   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LEGAL CONSULTING   | <input type="text" value="16928.72"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>COVINGTON & BURLING LLP   | Transaction ID: 2009M04L21a00257<br>Date of Disbursement   |
|    | Mailing Address 1201 PENNSYLVANIA AVE NW   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20004  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LEGAL CONSULTING   | <input type="text" value="23655.76"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CRAWFORD COMMUNICATIONS, INC.   | Transaction ID: 2009M04L21a00258<br>Date of Disbursement   |
|    | Mailing Address ATTN: ACCOUNTS RECEIVABLE<br>3845 PLEASANTDALE RD  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City ATLANTA State GA Zip Code 30340   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement SATELLITE SERVICES   | <input type="text" value="990.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="41574.48"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>THE OCEANAIRE</p> <p>Mailing Address 1201 F STREET,NW</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                               | <p><b>Transaction ID:</b> 2009M04L21a00261m<br/><b>Date of Disbursement</b></p> <p><input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="439.28"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DATAWATCH SYSTEMS, INC</p> <p>Mailing Address P O BOX 79845</p> <p>City BALTIMORE State MD Zip Code 21279</p> <p>Purpose of Disbursement SECURITY MAINTENANCE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 2009M04L21a00262<br/><b>Date of Disbursement</b></p> <p><input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="133.94"/></p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>D.C TREASURER SALES &amp; USE TAX</p> <p>Mailing Address PO BOX 96384</p> <p>City WASHINGTON State DC Zip Code 20090</p> <p>Purpose of Disbursement SALES &amp; USE TAX</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00263<br/><b>Date of Disbursement</b></p> <p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2.30"/></p>                              |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br><hr/> Mailing Address PO BOX 96384<br><hr/> City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00264<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>24.93   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br><hr/> Mailing Address PO BOX 96384<br><hr/> City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00265<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>29.61   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br><hr/> Mailing Address PO BOX 96384<br><hr/> City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00266<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>43.13   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 97.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00267  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

88.86

**B.** Full Name (Last, First, Middle Initial)  
D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00268  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

120.75

**C.** Full Name (Last, First, Middle Initial)  
D.C TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00269  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

128.41

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

338.02

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br>Mailing Address PO BOX 96384<br>City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00270<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>208.09  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br>Mailing Address PO BOX 96384<br>City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00271<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>246.58  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>D.C TREASURER SALES & USE TAX<br>Mailing Address PO BOX 96384<br>City WASHINGTON State DC Zip Code 20090<br>Purpose of Disbursement SALES & USE TAX<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00272<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>714.48  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1169.15

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1535 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
D.C. TREASURER SALES & USE TAX

Mailing Address PO BOX 96384

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
SALES & USE TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00273  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
D.C. TREASURER

Mailing Address REAL PROPERTY TAX BILL  
PO BOX 98095

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PROPERTY TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00274  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
D.C. TREASURER

Mailing Address REAL PROPERTY TAX BILL  
PO BOX 98095

City WASHINGTON State DC Zip Code 20090

Purpose of Disbursement  
PROPERTY TAX

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00275  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |  |
|-----------|--|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>DC WATER &amp; SEWER AUTHORITY</b>   | <b>Transaction ID:</b> 2009M04L21a00276<br>Date of Disbursement<br>03 / 26 / 2009  |  |
|           | Mailing Address <b>CUSTOMER SERVICE DEPT.<br/>PO BOX 97200</b>   |  |  |
|           | City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20090</b>   | Amount of Each Disbursement this Period<br>1733.96   |  |
|           | Purpose of Disbursement<br>UTILITIES   |  |  |
|           | Candidate Name   | Category/<br>Type  |  |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>DELL MARKETING L.P.</b>  | <b>Transaction ID:</b> 2009M04L21a00277<br>Date of Disbursement<br>03 / 26 / 2009  |  |
|           | Mailing Address <b>C/O DELL USA L.P.<br/>PO BOX 643561</b>   |  |  |
|           | City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15264</b>   | Amount of Each Disbursement this Period<br>1144.51   |  |
|           | Purpose of Disbursement<br>COMPUTER EQUIPMENT  |  |  |
|           | Candidate Name   | Category/<br>Type  |  |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>DELL MARKETING L.P.</b>  | <b>Transaction ID:</b> 2009M04L21a00278<br>Date of Disbursement<br>03 / 11 / 2009  |  |
|           | Mailing Address <b>C/O DELL USA L.P.<br/>PO BOX 643561</b>   |  |  |
|           | City <b>PITTSBURGH</b> State <b>PA</b> Zip Code <b>15264</b>   | Amount of Each Disbursement this Period<br>3118.81   |  |
|           | Purpose of Disbursement<br>COMPUTER EQUIPMENT  |  |  |
|           | Candidate Name   | Category/<br>Type  |  |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President<br>State: District: | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5997.28

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DEMAREE'S PUMPING SVC.  | Transaction ID: 2009M04L21a00279   |
|    | Mailing Address PO BOX 8058  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ROSWELL State NM Zip Code 88202   | Amount of Each Disbursement this Period<br>866.70  |
|    | Purpose of Disbursement<br>PORTA JOHNS RENTAL  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEMAREE'S PUMPING SVC.  | Transaction ID: 2009M04L21a00280   |
|    | Mailing Address PO BOX 8058  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ROSWELL State NM Zip Code 88202   | Amount of Each Disbursement this Period<br>1316.10   |
|    | Purpose of Disbursement<br>PORTA JOHNS RENTAL  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DIRECT RESPONSE GROUP   | Transaction ID: 2009M04L21a00281   |
|    | Mailing Address 2340 E. BEARDSLEY RD<br>SUITE 100  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHOENIX State AZ Zip Code 85024   | Amount of Each Disbursement this Period<br>8019.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10201.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.       | Full Name (Last, First, Middle Initial)<br>DIRECT RESPONSE GROUP   | Transaction ID: 2009M04L21a00282<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address 2340 E. BEARDSLEY RD<br>SUITE 100  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 2        | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City PHOENIX State AZ Zip Code 85024   | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement<br>TELEMARKETING   | <table border="1"><tr><td>10131.60</td></tr></table>   | 10131.60 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 10131.60 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>FRANK DONATELLI   | Transaction ID: 2009M04L21a00283<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 831 HERBERT SPRINGS RD   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City ALEXANDRIA State VA Zip Code 22308  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>AIR FARE  | <table border="1"><tr><td>994.00</td></tr></table>   | 994.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 994.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00283m<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 5620 UNIVERSITY PKWY   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>AIR FARE  | <table border="1"><tr><td>994.00</td></tr></table>   | 994.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 994.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

11125.60

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1539 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DONNELLEY MARKETING DIVISION  | Transaction ID: 2009M04L21a00284<br>Date of Disbursement   |
|    | Mailing Address PO BOX 3603  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City OMAHA State NE Zip Code 68103   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LIST PROCESSING  | <input type="text" value="920.46"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DONNELLEY MARKETING DIVISION  | Transaction ID: 2009M04L21a00285<br>Date of Disbursement   |
|    | Mailing Address PO BOX 3603  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City OMAHA State NE Zip Code 68103   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LIST PROCESSING  | <input type="text" value="5770.34"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DONNELLEY MARKETING DIVISION  | Transaction ID: 2009M04L21a00286<br>Date of Disbursement   |
|    | Mailing Address PO BOX 3603  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City OMAHA State NE Zip Code 68103   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LIST PROCESSING  | <input type="text" value="35934.90"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="42625.70"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |  |
|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>DTG OPERATIONS, INC-BOK   | <b>Transaction ID:</b> 2009M04L21a00287                  |
|   | Mailing Address<br>THRIFTY CAR RENTAL<br>LOCKBOX 2241  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | City<br>TULSA  | State<br>OK  |
|   | Zip Code<br>74182  | Amount of Each Disbursement this Period<br>249.13        |
| Purpose of Disbursement<br>CAR RENTAL   | Category/<br>Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>DTG OPERATIONS, INC-BOK   | <b>Transaction ID:</b> 2009M04L21a00288                  |
|   | Mailing Address<br>THRIFTY CAR RENTAL<br>LOCKBOX 2241  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | City<br>TULSA  | State<br>OK  |
|   | Zip Code<br>74182  | Amount of Each Disbursement this Period<br>513.26        |
| Purpose of Disbursement<br>CAR RENTAL   | Category/<br>Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>DTG OPERATIONS, INC-BOK   | <b>Transaction ID:</b> 2009M04L21a00289                  |
|   | Mailing Address<br>THRIFTY CAR RENTAL<br>LOCKBOX 2241  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | City<br>TULSA  | State<br>OK  |
|   | Zip Code<br>74182  | Amount of Each Disbursement this Period<br>1101.16       |
| Purpose of Disbursement<br>CAR RENTAL   | Category/<br>Type  |  |
| Candidate Name  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State:<br>District:   |  |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1863.55

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1541 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>JIM DYKE  | Transaction ID: 2009M04L21a00290<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 438 KING ST SUITE B  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City CHARLESTON State SC Zip Code 29403  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement AIR FARE   | <table border="1"><tr><td>694.70</td></tr></table>   | 694.70 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 694.70 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00290m<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 5620 UNIVERSITY PKWY   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement AIR FARE   | <table border="1"><tr><td>694.70</td></tr></table>   | 694.70 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 694.70 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

[MEMO ITEM]

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>JIM DYKE  | Transaction ID: 2009M04L21a00291<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 438 KING ST SUITE B  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City CHARLESTON State SC Zip Code 29403  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement AIR FARE   | <table border="1"><tr><td>694.70</td></tr></table>   | 694.70 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 694.70 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1389.40</td></tr></table> | 1389.40 |
| 1389.40  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1542 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00291m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">694.70</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JIM DYKE</p> <p>Mailing Address 438 KING ST SUITE B</p> <p>City CHARLESTON State SC Zip Code 29403</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00292</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">694.70</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00292m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">694.70</p> <p><b>[MEMO ITEM]</b></p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 694.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JIM DYKE  | Transaction ID: 2009M04L21a00293   |
|    | Mailing Address 438 KING ST SUITE B  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City CHARLESTON State SC Zip Code 29403  | Amount of Each Disbursement this Period<br>1281.31   |
|    | Purpose of Disbursement<br>LODGING,MEALS   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>THE METROPOLITAN CLUB   | Transaction ID: 2009M04L21a00293m  |
|    | Mailing Address OF THE CITY OF WASHINGTON<br>1700 H ST NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City WASHINGTON State DC Zip Code 20006  | Amount of Each Disbursement this Period<br>1281.31   |
|    | Purpose of Disbursement<br>LODGING,MEALS   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JIM DYKE & ASSOCIATES,INC   | Transaction ID: 2009M04L21a00294   |
|    | Mailing Address 438 KING STREET<br>SUITE B   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City CHARLESTON State SC Zip Code 29403  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement<br>CONSULTING-STAFF ASSISTANT  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) .....

6281.31

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>JIM DYKE & ASSOCIATES, INC  | Transaction ID: 2009M04L21a00295  |
|    | Mailing Address 438 KING STREET<br>SUITE B   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City CHARLESTON State SC Zip Code 29403  | Amount of Each Disbursement this Period<br>5000.00  |
|    | Purpose of Disbursement<br>STAFF CONSULTING  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>E-DONATION.COM  | Transaction ID: 2009M04L21a00296  |
|    | Mailing Address 118 NORTH SAINT ASAPH STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>150.00   |
|    | Purpose of Disbursement<br>BANKING FEES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>E-DONATION.COM  | Transaction ID: 2009M04L21a00297  |
|    | Mailing Address 118 NORTH SAINT ASAPH STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>275.00   |
|    | Purpose of Disbursement<br>BANKING FEES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5425.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |             |
|----|--|---|-------------|
| A. | Full Name (Last, First, Middle Initial)<br>JESSICA ENNIS   | <b>Transaction ID:</b> 2009M04L21a00298<br>Date of Disbursement<br>03 / 26 / 2009   |             |
|    | Mailing Address 116 N CAROLINA AVE SE<br>APT 102   |   |             |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>189.20   |             |
|    | Purpose of Disbursement<br>AIR FARE  |   |             |
|    | Candidate Name   | Category/<br>Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |
| B. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | <b>Transaction ID:</b> 2009M04L21a00298m<br>Date of Disbursement<br>03 / 26 / 2009  |             |
|    | Mailing Address 5620 UNIVERSITY PKWY   |   |             |
|    | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period<br>189.20   |             |
|    | Purpose of Disbursement<br>AIR FARE  |   |             |
|    | Candidate Name   | Category/<br>Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial)<br>JESSICA ENNIS   | <b>Transaction ID:</b> 2009M04L21a00299<br>Date of Disbursement<br>03 / 26 / 2009   |             |
|    | Mailing Address 116 N CAROLINA AVE SE<br>APT 102   |   |             |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>563.50   |             |
|    | Purpose of Disbursement<br>AIR FARE  |   |             |
|    | Candidate Name   | Category/<br>Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 752.70 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1546 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>EXPEDIA</p> <p>Mailing Address 10190 COVINGTON CROSS DR</p> <p>City LAS VEGAS State NV Zip Code 89144</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00299m</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>563.50</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>EXXON MOBIL</p> <p>Mailing Address PROCESSING CENTER<br/>PO BOX 688938</p> <p>City DES MOINES State IA Zip Code 50368</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00300</p> <p>Date of Disbursement<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>28.53</p>                             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>EXXON MOBIL</p> <p>Mailing Address PROCESSING CENTER<br/>PO BOX 688938</p> <p>City DES MOINES State IA Zip Code 50368</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00301</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>32.71</p>                             |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

61.24

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1547 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>EXXON MOBIL   | Transaction ID: 2009M04L21a00302<br>Date of Disbursement<br>03 / 05 / 2009  |
|    | Mailing Address<br>PROCESSING CENTER<br>PO BOX 688938  | Amount of Each Disbursement this Period<br>437.09   |
|    | City<br>DES MOINES   | State<br>IA   |
|    | Zip Code<br>50368  |   |
|    | Purpose of Disbursement<br>FUEL  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>EXXON MOBIL   | Transaction ID: 2009M04L21a00303<br>Date of Disbursement<br>03 / 30 / 2009  |
|    | Mailing Address<br>PROCESSING CENTER<br>PO BOX 688938  | Amount of Each Disbursement this Period<br>463.20   |
|    | City<br>DES MOINES   | State<br>IA   |
|    | Zip Code<br>50368  |   |
|    | Purpose of Disbursement<br>FUEL  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00304<br>Date of Disbursement<br>03 / 11 / 2009  |
|    | Mailing Address<br>P O BOX 371461  | Amount of Each Disbursement this Period<br>6.83   |
|    | City<br>PITTSBURGH   | State<br>PA   |
|    | Zip Code<br>15250  |   |
|    | Purpose of Disbursement<br>DELIVERY COST   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>907.12</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1548 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00305</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.16"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00306</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.03"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00307</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10.47"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="27.66"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1549 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00308<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address P O BOX 371461   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DELIVERY COST  | <table border="1"><tr><td>11.08</td></tr></table>  | 11.08 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 11.08 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00309<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address P O BOX 371461   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DELIVERY COST  | <table border="1"><tr><td>15.99</td></tr></table>  | 15.99 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 15.99 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00310<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address P O BOX 371461   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DELIVERY COST  | <table border="1"><tr><td>17.89</td></tr></table>  | 17.89 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 17.89 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>44.96</td></tr></table> | 44.96 |
| 44.96  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00311<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>18.27  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00312<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>19.25  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00313<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 30 / 2009 |
|  | Amount of Each Disbursement this Period<br>27.25  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 64.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00314<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9                         |
|  | Amount of Each Disbursement this Period<br>28.04   |
|  | Category/<br>Type  |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00315<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9                         |
|  | Amount of Each Disbursement this Period<br>30.60   |
|  | Category/<br>Type  |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00316<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9                         |
|  | Amount of Each Disbursement this Period<br>36.47   |
|  | Category/<br>Type  |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 95.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1552 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00317<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>41.00  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00318<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>45.70  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FED EX<br>Mailing Address P O BOX 371461<br>City PITTSBURGH State PA Zip Code 15250<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00319<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 19 / 2009 |
|  | Amount of Each Disbursement this Period<br>48.63  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

135.33

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00320   |
|    | Mailing Address P O BOX 371461   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period<br>56.64   |
|    | Purpose of Disbursement DELIVERY COST<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00321   |
|    | Mailing Address P O BOX 371461   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period<br>83.77   |
|    | Purpose of Disbursement DELIVERY COST<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00322   |
|    | Mailing Address P O BOX 371461   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period<br>92.21   |
|    | Purpose of Disbursement DELIVERY COST<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>232.62</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1554 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00323<br>Date of Disbursement   |
|    | Mailing Address P O BOX 371461   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DELIVERY COST  | <input type="text" value="114.15"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00324<br>Date of Disbursement   |
|    | Mailing Address P O BOX 371461   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DELIVERY COST  | <input type="text" value="186.57"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>FED EX  | Transaction ID: 2009M04L21a00325<br>Date of Disbursement   |
|    | Mailing Address P O BOX 371461   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City PITTSBURGH State PA Zip Code 15250  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement DELIVERY COST  | <input type="text" value="449.77"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="750.49"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1555 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="556.71"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="695.39"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FED EX</p> <p>Mailing Address P O BOX 371461</p> <p>City PITTSBURGH State PA Zip Code 15250</p> <p>Purpose of Disbursement DELIVERY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00328</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7590.12"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="8842.22"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1556 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>FEDERAL RESERVE BANK-CLEVELAND</p> <p>Mailing Address FISCAL DEPT-PAYROLL<br/>PO BOX 299</p> <p>City PITTSBURPH State PA Zip Code 15230-0299</p> <p>Purpose of Disbursement SAVINGS BONDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00329</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.00"/></p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>FEDERAL RESERVE BANK-CLEVELAND</p> <p>Mailing Address FISCAL DEPT-PAYROLL<br/>PO BOX 299</p> <p>City PITTSBURPH State PA Zip Code 15230-0299</p> <p>Purpose of Disbursement SAVINGS BONDS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00330</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="850.00"/></p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>FILEMAKER, INC.</p> <p>Mailing Address ATTN:OPERATIONS MSC-55<br/>5201 PATRICK HENRY DRIVE</p> <p>City SANTA CLARA State CA Zip Code 95054</p> <p>Purpose of Disbursement SOFTWARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00331</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1960.61"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3610.61**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1557 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JULIE FLEMING</p> <p>Mailing Address 6719 BOSTWICK DRIVE</p> <p>City SPRINGFIELD State VA Zip Code 22151</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00332</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>81.86</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CURRENT</p> <p>Mailing Address 1005 E WOODMEN RD</p> <p>City COLORADO SPRINGS State CO Zip Code 80920</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>    | <p><b>Transaction ID:</b> 2009M04L21a00332m</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>81.86</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JULIE FLEMING</p> <p>Mailing Address 6719 BOSTWICK DRIVE</p> <p>City SPRINGFIELD State VA Zip Code 22151</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>         | <p><b>Transaction ID:</b> 2009M04L21a00333</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>24.00</p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

105.86

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00334<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>175.00   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00335<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>263.50   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00336<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>277.50   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

716.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1559 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00337<br>Date of Disbursement  |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                             |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="296.50"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00338<br>Date of Disbursement  |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                             |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="433.00"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00339<br>Date of Disbursement  |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                             |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="730.00"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1459.50"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1560 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00340<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>TELEMARKETING   | <table border="1"><tr><td>820.50</td></tr></table>   | 820.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 820.50 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/<br>Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00341<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>TELEMARKETING   | <table border="1"><tr><td>948.91</td></tr></table>   | 948.91 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 948.91 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/<br>Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00342<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement<br>TELEMARKETING   | <table border="1"><tr><td>1685.00</td></tr></table>  | 1685.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1685.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/<br>Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3454.41</td></tr></table> | 3454.41 |
| 3454.41  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1561 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00343<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>1713.60   |
|    | City SAINT PAUL State MN Zip Code 55128  |  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |
| B. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00344<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>1736.13   |
|    | City SAINT PAUL State MN Zip Code 55128  |  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |
| C. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00345<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>2313.00   |
|    | City SAINT PAUL State MN Zip Code 55128  |  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5762.73

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1562 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | <b>Transaction ID:</b> 2009M04L21a00346<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 26 / 2009<br><hr/> <b>Amount of Each Disbursement this Period</b><br>3669.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | <b>Transaction ID:</b> 2009M04L21a00347<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 30 / 2009<br><hr/> <b>Amount of Each Disbursement this Period</b><br>6069.60 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | <b>Transaction ID:</b> 2009M04L21a00348<br><b>Date of Disbursement</b><br>MM / DD / YYYY<br>03 / 30 / 2009<br><hr/> <b>Amount of Each Disbursement this Period</b><br>6371.00 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>16109.60</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00349<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>9674.00  |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00350<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>13068.00   |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00351<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>15504.00   |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>38246.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1564 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00352<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>17802.00   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00353<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>19585.00   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00354<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|   | Amount of Each Disbursement this Period<br>20340.00   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

57727.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1565 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |   |
|-----------|---|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | Transaction ID: 2009M04L21a00355<br>Date of Disbursement<br>03 / 26 / 2009 | Amount of Each Disbursement this Period<br>20700.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | Transaction ID: 2009M04L21a00356<br>Date of Disbursement<br>03 / 30 / 2009 | Amount of Each Disbursement this Period<br>21561.60 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement<br>TELEMARKETING<br><hr/> Candidate Name <span style="float: right;">Category/<br/>Type</span> | Transaction ID: 2009M04L21a00357<br>Date of Disbursement<br>03 / 26 / 2009 | Amount of Each Disbursement this Period<br>23925.00 |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>66186.60</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00358<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>24108.00   |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00359<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>28438.00   |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00360<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009                                      |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | Amount of Each Disbursement this Period<br>29942.40   |
|    | City SAINT PAUL State MN Zip Code 55128  |   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**82488.40**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00361<br>Date of Disbursement   |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="34500.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00362<br>Date of Disbursement   |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="41774.40"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC  | Transaction ID: 2009M04L21a00363<br>Date of Disbursement   |
|    | Mailing Address 7300 HUDSON BLVD<br>SUITE 270  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="45242.40"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="121516.80"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>FORD MOTOR COMPANY  | Transaction ID: 2009M04L21a00364<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO BOX 70548   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City CHICAGO State IL Zip Code 60673   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement VEHICLE LEASING  | <table border="1"><tr><td>1400.00</td></tr></table>  | 1400.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1400.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS HOTEL, WDC   | Transaction ID: 2009M04L21a00365<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 2800 PENNSYLVANIA AVE NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement LODGING  | <table border="1"><tr><td>3000.00</td></tr></table>  | 3000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS HOTEL, WDC   | Transaction ID: 2009M04L21a00366<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 2800 PENNSYLVANIA AVE NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement LODGING  | <table border="1"><tr><td>4000.00</td></tr></table>  | 4000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 4000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>8400.00</td></tr></table> | 8400.00 |
| 8400.00  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1569 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS HOTEL, WDC   | Transaction ID: 2009M04L21a00367<br>Date of Disbursement   |
|    | Mailing Address 2800 PENNSYLVANIA AVE NW   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LODGING  | <input type="text" value="4000.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS HOTEL, WDC   | Transaction ID: 2009M04L21a00368<br>Date of Disbursement   |
|    | Mailing Address 2800 PENNSYLVANIA AVE NW   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LODGING  | <input type="text" value="4000.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS RESORT AND CLUB  | Transaction ID: 2009M04L21a00369<br>Date of Disbursement   |
|    | Mailing Address AT LAS COLINAS<br>4150 N. MACARTHUR BLVD   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City IRVING State TX Zip Code 75038  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LODGING  | <input type="text" value="333.33"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="8333.33"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1570 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS RESORT AND CLUB  | Transaction ID: 2009M04L21a00370  |
|    | Mailing Address AT LAS COLINAS<br>4150 N. MACARTHUR BLVD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City IRVING State TX Zip Code 75038  | Amount of Each Disbursement this Period<br>333.33   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS RESORT AND CLUB  | Transaction ID: 2009M04L21a00371  |
|    | Mailing Address AT LAS COLINAS<br>4150 N. MACARTHUR BLVD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City IRVING State TX Zip Code 75038  | Amount of Each Disbursement this Period<br>333.34   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS RESORT AND CLUB  | Transaction ID: 2009M04L21a00372  |
|    | Mailing Address AT LAS COLINAS<br>4150 N. MACARTHUR BLVD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City IRVING State TX Zip Code 75038  | Amount of Each Disbursement this Period<br>1000.00  |
|    | Purpose of Disbursement<br>VENUE RENTAL  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1666.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1571 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FOUR SEASONS RESORT JACKSON</p> <p>Mailing Address HOLE<br/>PO BOX 544</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00373<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>500.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FOUR SEASONS RESORT JACKSON</p> <p>Mailing Address HOLE<br/>PO BOX 544</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00374<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FOUR SEASONS RESORT JACKSON</p> <p>Mailing Address HOLE<br/>PO BOX 544</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00375<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1572 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FOUR SEASONS RESORT JACKSON</p> <p>Mailing Address HOLE<br/>PO BOX 544</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00376<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FRAGER'S HARDWARE</p> <p>Mailing Address 1113-15 PENNSYLLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>HARDWARE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00377<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>623.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TED FRANKS</p> <p>Mailing Address 1150 17TH STREET NW</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement<br/>LEGAL CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00378<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>666.65</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2790.18

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1573 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ROSS & MINER, P.C.  | Transaction ID: 2009M04L21a00378m                        |
|    | Mailing Address 327 E. FIREWEED LANE<br>SUITE 201  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|    | City ANCHORAGE State AK Zip Code 99503   | Amount of Each Disbursement this Period<br>666.65        |
|    | Purpose of Disbursement LEGAL CONSULTING   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>GEM LASER EXPRESS   | Transaction ID: 2009M04L21a00379                         |
|    | Mailing Address PO BOX 220292  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|    | City CHANTILLY State VA Zip Code 20153   | Amount of Each Disbursement this Period<br>218.68        |
|    | Purpose of Disbursement PRINTER REPAIR   | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>GRAINGER  | Transaction ID: 2009M04L21a00380                         |
|    | Mailing Address DEPT 811567551   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City PALATINE State IL Zip Code 60038-0001   | Amount of Each Disbursement this Period<br>102.71        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>321.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1574 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>GRASSROOTS TARGETING  | Transaction ID: 2009M04L21a00381<br>Date of Disbursement  |
|    | Mailing Address 814 KING STREET<br>SUITE 420   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                             |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>STAFF CONSULTING  | <input type="text" value="15000.00"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>GRASSROOTS TARGETING  | Transaction ID: 2009M04L21a00382<br>Date of Disbursement  |
|    | Mailing Address 814 KING STREET<br>SUITE 420   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                             |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>STAFF CONSULTING  | <input type="text" value="15000.00"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>BLAISE HAZELWOOD  | Transaction ID: 2009M04L21a00383<br>Date of Disbursement  |
|    | Mailing Address 300 QUEEN ST   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                             |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement<br>MEALS   | <input type="text" value="117.90"/>   |
|    | Candidate Name   | Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="30117.90"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1575 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CHARLIE PALMER STEAK, WDX   | Transaction ID: 2009M04L21a00383m                        |
|    | Mailing Address 101 CONSTITUTION AVE NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City WASHINGTON State DC Zip Code 20036  | Amount of Each Disbursement this Period<br>117.90        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>BLAISE HAZELWOOD  | Transaction ID: 2009M04L21a00384                         |
|    | Mailing Address 300 QUEEN ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>20.00         |
|    | Purpose of Disbursement PARKING<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>BLAISE HAZELWOOD  | Transaction ID: 2009M04L21a00385                         |
|    | Mailing Address 300 QUEEN ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>25.00         |
|    | Purpose of Disbursement TAXI<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 45.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1576 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BLAISE HAZELWOOD</p> <p>Mailing Address 300 QUEEN ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00386<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>419.53</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00386m<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>419.53</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BLAISE HAZELWOOD</p> <p>Mailing Address 300 QUEEN ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement<br/>TRAIN FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 2009M04L21a00387<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>708.00</p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1127.53

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1577 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AMTRAK<br>Mailing Address 50 MASS AVE NE<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement TRAIN FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00387m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|   | Amount of Each Disbursement this Period<br>708.00<br>[MEMO ITEM]                              |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>TODD HERMAN<br>Mailing Address 21025 7TH AVENUE SOUTH<br>City DES MOINES State IA Zip Code 98198<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00388<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|  | Amount of Each Disbursement this Period<br>919.20<br>[MEMO ITEM]                             |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>ALASKA AIRLINES INC<br>Mailing Address 20833 INTERNATIONAL BLVD<br>City SEATTLE State WA Zip Code 98198<br>Purpose of Disbursement AIR FARE<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00388m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|   | Amount of Each Disbursement this Period<br>919.20<br>[MEMO ITEM]                              |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 919.20 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1578 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TODD HERMAN</p> <p>Mailing Address 21025 7TH AVENUE SOUTH</p> <p>City DES MOINES State IA Zip Code 98198</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00389</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>143.13</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FOUR POINTS BY SHERATON WDC</p> <p>Mailing Address 1201 K ST NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00389m</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>143.13</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NANCY D HIBBS</p> <p>Mailing Address 1005 NEW DAWN LANE</p> <p>City ODENTON State MD Zip Code 21113</p> <p>Purpose of Disbursement<br/>OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00390</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>203.72</p>                            |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>346.85</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1579 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>AMAZON.COM</p> <p>Mailing Address P O BOX 81226</p> <p>City SEATTLE State WA Zip Code 98108</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00390m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">203.72</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 203.72 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 203.72  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>NANCY D HIBBS</p> <p>Mailing Address 1005 NEW DAWN LANE</p> <p>City ODENTON State MD Zip Code 21113</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00391</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">232.70</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 232.70 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 232.70  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>WALMART.COM</p> <p>Mailing Address 7000 MARINA BLVD</p> <p>City BRISBANE State CA Zip Code 94005</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00391m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">232.70</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 232.70 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 232.70  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|               |
|---------------|
| <b>232.70</b> |
|---------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1580 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>HILTON PALACIO DEL RIO<br><br>Mailing Address 200 SOUTH ALAMO<br><br>City SAN ANTONIO State TX Zip Code 78205<br><br>Purpose of Disbursement<br>CATERING,LODGING,A/V RENTAL<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00392<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>3838.74  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>HOLTZMAN VOGEL, PLLC<br><br>Mailing Address 98 ALEXANDRIA PIKE<br>SUITE 53<br><br>City WARRENTON State VA Zip Code 20186<br><br>Purpose of Disbursement<br>LEGAL CONSULTING<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00393<br>Date of Disbursement<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>15000.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC<br><br>Mailing Address 2800 SHIRLINGTON RD STE 920<br><br>City ARLINGTON State VA Zip Code 22206<br><br>Purpose of Disbursement<br>GRAPHIC SERVICES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼       | Transaction ID: 2009M04L21a00394<br>Date of Disbursement<br>03 / 30 / 2009<br><br>Amount of Each Disbursement this Period<br>300.00   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

19138.74

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1581 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00395  |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                            |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>300.00                                   |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00396  |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                            |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>300.00                                   |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00397  |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009                            |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>300.00                                   |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 900.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00398   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>300.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00399   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>400.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00400   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>400.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1100.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00401   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00402   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC   | Transaction ID: 2009M04L21a00403   |
|    | Mailing Address 2800 SHIRLINGTON RD STE 920  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City ARLINGTON State VA Zip Code 22206   | Amount of Each Disbursement this Period<br>500.00  |
|    | Purpose of Disbursement GRAPHIC SERVICES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC<br><hr/> Mailing Address 2800 SHIRLINGTON RD STE 920<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement GRAPHIC SERVICES<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L21a00404<br>Date of Disbursement<br>03 / 26 / 2009<br><hr/> Amount of Each Disbursement this Period<br>500.00  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC<br><hr/> Mailing Address 2800 SHIRLINGTON RD STE 920<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement GRAPHIC SERVICES<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L21a00405<br>Date of Disbursement<br>03 / 30 / 2009<br><hr/> Amount of Each Disbursement this Period<br>600.00  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>HOON DESIGNS, LLC<br><hr/> Mailing Address 2800 SHIRLINGTON RD STE 920<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement GRAPHIC SERVICES<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L21a00406<br>Date of Disbursement<br>03 / 30 / 2009<br><hr/> Amount of Each Disbursement this Period<br>2500.00 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3600.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1585 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ICS CORPORATION   | Transaction ID: 2009M04L21a00407   |
|    | Mailing Address 2225 RICHMOND STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 18 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19125  | Amount of Each Disbursement this Period<br>60000.00  |
|    | Purpose of Disbursement POSTAGE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ICS CORPORATION   | Transaction ID: 2009M04L21a00408   |
|    | Mailing Address 2225 RICHMOND STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19125  | Amount of Each Disbursement this Period<br>2286.04   |
|    | Purpose of Disbursement PRINT,MAIL PRODUCTION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ICS CORPORATION   | Transaction ID: 2009M04L21a00409   |
|    | Mailing Address 2225 RICHMOND STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19125  | Amount of Each Disbursement this Period<br>4572.40   |
|    | Purpose of Disbursement PRINT,MAIL PRODUCTION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 66858.44 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ICS CORPORATION   | Transaction ID: 2009M04L21a00410   |
|    | Mailing Address 2225 RICHMOND STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19125  | Amount of Each Disbursement this Period<br>13082.00  |
|    | Purpose of Disbursement PRINT,MAIL PRODUCTION  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>IGOE/ASSOCIATES   | Transaction ID: 2009M04L21a00411   |
|    | Mailing Address 7170 BLUEGRASS WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City OWINGS State MD Zip Code 20736  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement STAFF CONSULTING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>IGOE/ASSOCIATES   | Transaction ID: 2009M04L21a00412   |
|    | Mailing Address 7170 BLUEGRASS WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City OWINGS State MD Zip Code 20736  | Amount of Each Disbursement this Period<br>5000.00   |
|    | Purpose of Disbursement STAFF CONSULTING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 23082.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00413   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>-36.00  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00414   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>7.46  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00415   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>29.80   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |      |
|--|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1.26 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |      |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1588 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00416   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>30.13   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00417   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>36.00   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00418   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>36.41   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

102.54

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1589 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00419   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>37.28   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00420   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>65.16   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS  | Transaction ID: 2009M04L21a00421   |
|    | Mailing Address P O BOX 403846   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period<br>65.17   |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>167.61</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1590 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>IMPACT OFFICE PRODUCTS</p> <p>Mailing Address P O BOX 403846</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00422</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.92"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>IMPACT OFFICE PRODUCTS</p> <p>Mailing Address P O BOX 403846</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00423</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="95.23"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>IMPACT OFFICE PRODUCTS</p> <p>Mailing Address P O BOX 403846</p> <p>City ATLANTA State GA Zip Code 30384</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="99.30"/></p> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="287.45"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00425<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>102.75  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00426<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>109.93  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00427<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>116.91  |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>329.59</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00428<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>163.97  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00429<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>255.28  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00430<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>307.38  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

726.63

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00431<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>323.27  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00432<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>354.11  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>IMPACT OFFICE PRODUCTS<br>Mailing Address P O BOX 403846<br>City ATLANTA State GA Zip Code 30384<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00433<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>459.44  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Category/<br>Type  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **1136.82**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1594 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
IMPACT OFFICE PRODUCTS

Transaction ID: 2009M04L21a00434  
Date of Disbursement

Mailing Address P O BOX 403846

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City ATLANTA State GA Zip Code 30384

Amount of Each Disbursement this Period

|         |
|---------|
| 1953.87 |
|---------|

Purpose of Disbursement  
OFFICE SUPPLIES

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
IRON MOUNTAIN

Transaction ID: 2009M04L21a00435  
Date of Disbursement

Mailing Address P O BOX 27129

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 1 |   | 2 | 0 | 0 | 9 |

City NEW YORK State NY Zip Code 10087

Amount of Each Disbursement this Period

|        |
|--------|
| 254.75 |
|--------|

Purpose of Disbursement  
OFF-SITE DATA PROTECTION

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ISLER, DARE, RAY & RADCLIFFE

Transaction ID: 2009M04L21a00436  
Date of Disbursement

Mailing Address 1919 GALLOWS RD  
SUITE 320

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City VIENNA State VA Zip Code 22182

Amount of Each Disbursement this Period

|         |
|---------|
| 5500.00 |
|---------|

Purpose of Disbursement  
LEGAL CONSULTING

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|         |
|---------|
| 7708.62 |
|---------|

**TOTAL** This Period (last page this line number only) ..... ►

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1595 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>DAN ITEN</p> <p>Mailing Address 4405 1ST ROAD S</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 2009M04L21a00437<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="46.00"/></p>                            |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00437m<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="46.00"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>HEATHER JEFFREYS</p> <p>Mailing Address 2721 S ADAMS ST APT 203</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement<br/>BAGGAGE COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00438<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="15.00"/></p>                            |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="61.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1596 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00438m<br>Date of Disbursement<br>03 / 05 / 2009  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Amount of Each Disbursement this Period<br>15.00   |
|    | City WINSTON SALEM State NC Zip Code 27105   |  |
|    | Purpose of Disbursement BAGGAGE COST   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>HEATHER JEFFREYS  | Transaction ID: 2009M04L21a00439<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 2721 S ADAMS ST APT 203  | Amount of Each Disbursement this Period<br>15.00   |
|    | City ARLINGTON State VA Zip Code 22206   |  |
|    | Purpose of Disbursement BAGGAGE COST   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00439m<br>Date of Disbursement<br>03 / 05 / 2009  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Amount of Each Disbursement this Period<br>15.00   |
|    | City WINSTON SALEM State NC Zip Code 27105   |  |
|    | Purpose of Disbursement BAGGAGE COST   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 15.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
RANCH 1, WASHINGTON DC

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00441m  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

5.76

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
HEATHER JEFFREYS

Mailing Address 2721 S ADAMS ST APT 203

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00442  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

9.01

C.

Full Name (Last, First, Middle Initial)  
PARADIES, WASHINGTON DC

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00442m  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

9.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

9.01

TOTAL This Period (last page this line number only) ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1600 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>THE BREAKERS PALM BEACH</p> <p>Mailing Address ONE SOUTH COUNTY ROAD</p> <p>City PALM BEACH State FL Zip Code 33480</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00444m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">68.71</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 68.71 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 68.71   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>HEATHER JEFFREYS</p> <p>Mailing Address 2721 S ADAMS ST APT 203</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00445</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">38.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 38.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 38.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>HEATHER JEFFREYS</p> <p>Mailing Address 2721 S ADAMS ST APT 203</p> <p>City ARLINGTON State VA Zip Code 22206</p> <p>Purpose of Disbursement TIPS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00446</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">30.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 30.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 30.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**68.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1601 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>HEATHER JEFFREYS<br><br>Mailing Address 2721 S ADAMS ST APT 203<br><br>City ARLINGTON State VA Zip Code 22206<br><br>Purpose of Disbursement TIPS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00447<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>75.00   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>JOHNSON CONTROLS<br><br>Mailing Address P O BOX 905240<br><br>City CHARLOTTE State NC Zip Code 28290-5240<br><br>Purpose of Disbursement EQUIPMENT MAINTENANCE<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00448<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>5732.57 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>KIMBIA, INC.<br><br>Mailing Address 1050 E. 11TH STREET SUITE 200<br><br>City AUSTIN State TX Zip Code 78702<br><br>Purpose of Disbursement BANKING SERVICES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21a00449<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>2314.50 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8122.07

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1602 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
KLEIN, O'NEILL & SINGH, LLP

Transaction ID: 2009M04L21a00450  
Date of Disbursement

Mailing Address 43 CORPORATE PARK  
SUITE 204

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City IRVINE State CA Zip Code 92606

Amount of Each Disbursement this Period

|         |
|---------|
| 2573.25 |
|---------|

Purpose of Disbursement  
LEGAL CONSULTING

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
JAN LARIMER

Transaction ID: 2009M04L21a00451  
Date of Disbursement

Mailing Address P O BOX 610

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City TETON VILLAGE State WY Zip Code 83025

Amount of Each Disbursement this Period

|        |
|--------|
| 134.75 |
|--------|

Purpose of Disbursement  
CAR RENTAL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
ENTERPRISE RENT A CAR-MO

Transaction ID: 2009M04L21a00451m  
Date of Disbursement

Mailing Address PO BOX 840181  
CAGE 08EC1 DUNS;614830169

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City KANSAS CITY State MO Zip Code 64184-0181

Amount of Each Disbursement this Period

|        |
|--------|
| 134.75 |
|--------|

Purpose of Disbursement  
CAR RENTAL

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 2708.00 |
|---------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
JAN LARIMER

Transaction ID: 2009M04L21a00452  
Date of Disbursement

Mailing Address P O BOX 610

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City TETON VILLAGE State WY Zip Code 83025

Amount of Each Disbursement this Period

Purpose of Disbursement  
LODGING

|        |
|--------|
| 206.01 |
|--------|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TREASURE ISLAND, LAS VEGAS NV

Transaction ID: 2009M04L21a00452m  
Date of Disbursement

Mailing Address 3300 LAS VEGAS BLVD S

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 1 | 9 |   | 2 | 0 | 0 | 9 |

City LAS VEGAS State NV Zip Code 89109

Amount of Each Disbursement this Period

Purpose of Disbursement  
LODGING

|        |
|--------|
| 206.01 |
|--------|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
JAN LARIMER

Transaction ID: 2009M04L21a00453  
Date of Disbursement

Mailing Address P O BOX 610

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

City TETON VILLAGE State WY Zip Code 83025

Amount of Each Disbursement this Period

Purpose of Disbursement  
PARKING

|       |
|-------|
| 25.00 |
|-------|

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

231.01

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1604 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JAN LARIMER</p> <p>Mailing Address P O BOX 610</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00454</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="22.00"/></p>   |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JAN LARIMER</p> <p>Mailing Address P O BOX 610</p> <p>City TETON VILLAGE State WY Zip Code 83025</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00455</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="30.25"/></p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>LE CIRQUE</p> <p>Mailing Address ONE BEACON COURT<br/>151 EAST 58TH STREET</p> <p>City NEW YORK State NY Zip Code 10022</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00456</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1275.00"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>LE CIRQUE   | Transaction ID: 2009M04L21a00457<br>Date of Disbursement   |
|    | Mailing Address ONE BEACON COURT<br>151 EAST 58TH STREET   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City NEW YORK State NY Zip Code 10022  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement MEALS  | <input type="text" value="1275.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>LE CIRQUE   | Transaction ID: 2009M04L21a00458<br>Date of Disbursement   |
|    | Mailing Address ONE BEACON COURT<br>151 EAST 58TH STREET   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City NEW YORK State NY Zip Code 10022  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement MEALS  | <input type="text" value="1275.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00459<br>Date of Disbursement   |
|    | Mailing Address 2440 N EDGEWOOD ST   | <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>                          |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement AIR FARE   | <input type="text" value="310.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2860.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1606 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00459m<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>310.00</p> <p><b>[MEMO ITEM]</b></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00460<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1193.36</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement<br/>AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00460m<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1193.36</p> <p><b>[MEMO ITEM]</b></p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1193.36 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00461   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>1193.36   |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00461m  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period<br>1193.36   |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00462   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>1193.36   |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2386.72 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1608 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00462m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009                                  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Amount of Each Disbursement this Period<br>1193.36   |
|    | City WINSTON SALEM State NC Zip Code 27105   |  |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00463<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009                                   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Amount of Each Disbursement this Period<br>84.00   |
|    | City ARLINGTON State VA Zip Code 22207   |  |
|    | Purpose of Disbursement BAGGAGE COST   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a00463m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009                                  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Amount of Each Disbursement this Period<br>84.00   |
|    | City WINSTON SALEM State NC Zip Code 27105   |  |
|    | Purpose of Disbursement BAGGAGE COST   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 84.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1610 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>THE HERTZ CORPORATION   | Transaction ID: 2009M04L21a00465m<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>COMMERCIAL BILLING DEPT 1124<br>PO BOX 121124   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>DALLAS   | State<br>TX  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>75312  | Amount of Each Disbursement this Period<br><table border="1"><tr><td>373.61</td></tr></table>  | 373.61 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 373.61 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>CAR RENTAL  | [MEMO ITEM]  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00466<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>2440 N EDGEWOOD ST  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>ARLINGTON  | State<br>VA  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>22207  | Amount of Each Disbursement this Period<br><table border="1"><tr><td>373.63</td></tr></table>  | 373.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 373.63 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>CAR RENTAL  | [MEMO ITEM]  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>THE HERTZ CORPORATION   | Transaction ID: 2009M04L21a00466m<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>COMMERCIAL BILLING DEPT 1124<br>PO BOX 121124   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>DALLAS   | State<br>TX  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>75312  | Amount of Each Disbursement this Period<br><table border="1"><tr><td>373.63</td></tr></table>  | 373.63 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 373.63 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>CAR RENTAL  | [MEMO ITEM]  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>373.63</td></tr></table> | 373.63 |
| 373.63   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1611 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00467   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>12.00   |
|    | Purpose of Disbursement INTERNET SERVICES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>WEBLOYALTY.COM  | Transaction ID: 2009M04L21a00467m  |
|    | Mailing Address 101 MERRITT 7 4TH FLOOR  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City NORWALK State CT Zip Code 06851   | Amount of Each Disbursement this Period<br>12.00   |
|    | Purpose of Disbursement INTERNET SERVICES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00468   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>14.89   |
|    | Purpose of Disbursement MEALS  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 26.89 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1612 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PARADIES, WEST PALM BEACH FL</p> <p>Mailing Address 1000 PALM BEACH AIRPORT<br/>SUITE 131</p> <p>City WEST PALM BEACH State FL Zip Code 33406</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00468m<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14.89</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> 2009M04L21a00469<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16.56</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>STARBUCKS, WASHINGTON DC</p> <p>Mailing Address 237 PENN AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                | <p><b>Transaction ID:</b> 2009M04L21a00469m<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>16.56</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

16.56

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1614 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>CUCINA DELL'ARTE   | Transaction ID: 2009M04L21a00471m                        |
|    | Mailing Address 257 ROYAL POINCIANA WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>67.37         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC   | Transaction ID: 2009M04L21a00472                         |
|    | Mailing Address 2440 N EDGEWOOD ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207  | Amount of Each Disbursement this Period<br>67.37         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>CUCINA DELL'ARTE   | Transaction ID: 2009M04L21a00472m                        |
|    | Mailing Address 257 ROYAL POINCIANA WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>67.37         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 67.37 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1615 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00473<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>68.98<br><br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>DANIEL O'CONNELL'S<br><br>Mailing Address 112 KING ST<br><br>City ALEXANDRIA State VA Zip Code 22314<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 2009M04L21a00473m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>68.98<br><br>[MEMO ITEM]      |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00474<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>70.32<br><br>Category/<br>Type |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 139.30 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1616 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>CARLYLE, ARLINGTON VA<br><hr/> Mailing Address 4000 SOUTH 28TH ST<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21a00474m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>70.32<br><hr/> <b>[MEMO ITEM]</b>  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><hr/> Mailing Address 2440 N EDGEWOOD ST<br><hr/> City ARLINGTON State VA Zip Code 22207<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00475<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>138.36<br><hr/> <b>[MEMO ITEM]</b>  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>CARLYLE, ARLINGTON VA<br><hr/> Mailing Address 4000 SOUTH 28TH ST<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21a00475m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>138.36<br><hr/> <b>[MEMO ITEM]</b> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

138.36

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>BANANA CAFE  | Transaction ID: 2009M04L21a00477m                        |
|    | Mailing Address 500 8TH ST SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City WASHINGTON State DC Zip Code 20003   | Amount of Each Disbursement this Period<br>187.63        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC   | Transaction ID: 2009M04L21a00478                         |
|    | Mailing Address 2440 N EDGEWOOD ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207  | Amount of Each Disbursement this Period<br>201.81        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>FOUR SEASONS HOTEL, WDC  | Transaction ID: 2009M04L21a00478m                        |
|    | Mailing Address 2800 PENNSYLVANIA AVE NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City WASHINGTON State DC Zip Code 20007   | Amount of Each Disbursement this Period<br>201.81        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 201.81 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1620 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>CUCINA DELL'ARTE   | Transaction ID: 2009M04L21a00480m                        |
|    | Mailing Address 257 ROYAL POINCIANA WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>205.38        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC   | Transaction ID: 2009M04L21a00481                         |
|    | Mailing Address 2440 N EDGEWOOD ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207  | Amount of Each Disbursement this Period<br>205.38        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>CUCINA DELL'ARTE   | Transaction ID: 2009M04L21a00481m                        |
|    | Mailing Address 257 ROYAL POINCIANA WAY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>205.38        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 205.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1621 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00482                         |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>205.39        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CUCINA DELL'ARTE  | Transaction ID: 2009M04L21a00482m                        |
|    | Mailing Address 257 ROYAL POINCIANA WAY  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480  | Amount of Each Disbursement this Period<br>205.39        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00483                         |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>229.01        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

434.40

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1622 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH  | Transaction ID: 2009M04L21a00483m                        |
|    | Mailing Address ONE SOUTH COUNTY ROAD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>229.01        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC   | Transaction ID: 2009M04L21a00484                         |
|    | Mailing Address 2440 N EDGEWOOD ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207  | Amount of Each Disbursement this Period<br>229.01        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH  | Transaction ID: 2009M04L21a00484m                        |
|    | Mailing Address ONE SOUTH COUNTY ROAD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>229.01        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 229.01 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1623 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21a00485<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>229.03<br><br>Category/Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH<br><br>Mailing Address ONE SOUTH COUNTY ROAD<br><br>City PALM BEACH State FL Zip Code 33480<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00485m<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>229.03<br><br>[MEMO ITEM]  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21a00486<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>242.84<br><br>Category/Type |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 471.87 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1624 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TORTILLA COAST, WASHINGTON DC</p> <p>Mailing Address 400 FIRST ST SE</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00486m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">242.84</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 242.84 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 242.84   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00487</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">296.34</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 296.34 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 296.34   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FLAGLER'S STEAKHOUSE</p> <p>Mailing Address TWO SOUTH COUNTY ROAD</p> <p>City PALM BEACH State FL Zip Code 33480</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00487m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">296.34</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 296.34 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 296.34   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 296.34 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1625 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br>Mailing Address 2440 N EDGEWOOD ST<br>City ARLINGTON State VA Zip Code 22207<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00488<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2009  |
|   | Amount of Each Disbursement this Period<br>296.34<br>Category/Type                                 |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FLAGLER'S STEAKHOUSE<br>Mailing Address TWO SOUTH COUNTY ROAD<br>City PALM BEACH State FL Zip Code 33480<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00488m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2009 |
|   | Amount of Each Disbursement this Period<br>296.34<br>Category/Type<br>[MEMO ITEM]                  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br>Mailing Address 2440 N EDGEWOOD ST<br>City ARLINGTON State VA Zip Code 22207<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00489<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 06 / 2009  |
|   | Amount of Each Disbursement this Period<br>296.34<br>Category/Type                                 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

592.68

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1626 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |                    |
|-----------|--|--|--------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>FLAGLER'S STEAKHOUSE</b>   | <b>Transaction ID:</b> 2009M04L21a00489m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9                 |                    |
|           | Mailing Address<br>TWO SOUTH COUNTY ROAD   |  |                    |
|           | City State Zip Code<br>PALM BEACH FL 33480   | Amount of Each Disbursement this Period  | 296.34             |
|           | Purpose of Disbursement<br>MEALS   |  |                    |
|           | Candidate Name   | Category/Type  |                    |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b> |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>DEBBIE LEHARDY &amp; CO, LLC</b>   | <b>Transaction ID:</b> 2009M04L21a00490<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9                  |                    |
|           | Mailing Address<br>2440 N EDGEWOOD ST  |  |                    |
|           | City State Zip Code<br>ARLINGTON VA 22207  | Amount of Each Disbursement this Period  | 296.34             |
|           | Purpose of Disbursement<br>MEALS   |  |                    |
|           | Candidate Name   | Category/Type  |                    |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |                    |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>FLAGLER'S STEAKHOUSE</b>   | <b>Transaction ID:</b> 2009M04L21a00490m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9                 |                    |
|           | Mailing Address<br>TWO SOUTH COUNTY ROAD   |  |                    |
|           | City State Zip Code<br>PALM BEACH FL 33480   | Amount of Each Disbursement this Period  | 296.34             |
|           | Purpose of Disbursement<br>MEALS   |  |                    |
|           | Candidate Name   | Category/Type  |                    |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <b>[MEMO ITEM]</b> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 296.34 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1627 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21a00491<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>319.07<br><br>Category/Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>COSTCO, PALM BEACH FL<br><br>Mailing Address 3250 NORTHLAKE BLVD<br><br>City PALM BEACH GARDENS State FL Zip Code 33403<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00491m<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>319.07<br><br>[MEMO ITEM]  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21a00492<br>Date of Disbursement<br>03 / 06 / 2009<br><br>Amount of Each Disbursement this Period<br>319.07<br><br>Category/Type |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 638.14 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>COSTCO, PALM BEACH FL</p> <p>Mailing Address 3250 NORTHLAKE BLVD</p> <p>City PALM BEACH GARDENS State FL Zip Code 33403</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00492m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">319.07</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 319.07 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 319.07  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00493</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">319.07</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 319.07 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 319.07  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>COSTCO, PALM BEACH FL</p> <p>Mailing Address 3250 NORTHLAKE BLVD</p> <p>City PALM BEACH GARDENS State FL Zip Code 33403</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00493m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">319.07</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 6 |  | 2 | 0 | 0 | 9 | 319.07 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0   | 3   |   | 0 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 319.07  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 319.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |   |
|-----------|---|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00494<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9  | Amount of Each Disbursement this Period<br>848.38                           |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>THE 21 CLUB<br><br>Mailing Address 21 W 52ND ST<br><br>City NEW YORK State NY Zip Code 10019<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | <b>Transaction ID:</b> 2009M04L21a00494m<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 | Amount of Each Disbursement this Period<br>848.38<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement MEALS<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00495<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9  | Amount of Each Disbursement this Period<br>848.38                           |

|  |  |                |  |
|--|--|----------------|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      |  | <b>1696.76</b> |  |
| <b>TOTAL</b> This Period (last page this line number only) ..... |  |                |  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1630 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>THE 21 CLUB</p> <p>Mailing Address 21 W 52ND ST</p> <p>City NEW YORK State NY Zip Code 10019</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00495m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">848.38</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00496</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">848.39</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>THE 21 CLUB</p> <p>Mailing Address 21 W 52ND ST</p> <p>City NEW YORK State NY Zip Code 10019</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00496m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center; border: 1px solid black; padding: 5px;">848.39</p> <p><b>[MEMO ITEM]</b></p> |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>848.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1631 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br>Mailing Address 2440 N EDGEWOOD ST<br>City ARLINGTON State VA Zip Code 22207<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00497<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009  |
|   | Amount of Each Disbursement this Period<br>35.33  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>CSTV NETWORKS<br>Mailing Address 2035 CORTE DEL NOGAL<br>City CARLSBAD State CA Zip Code 92011<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼           | Transaction ID: 2009M04L21a00497m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|   | Amount of Each Disbursement this Period<br>35.33<br><br><b>[MEMO ITEM]</b>                    |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br>Mailing Address 2440 N EDGEWOOD ST<br>City ARLINGTON State VA Zip Code 22207<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00498<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009  |
|   | Amount of Each Disbursement this Period<br>248.64   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**283.97**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1632 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DECORIUM</p> <p>Mailing Address 116 KING ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                           | <p><b>Transaction ID:</b> 2009M04L21a00498m<br/><b>Date of Disbursement:</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">248.64</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEBBIE LEHARDY &amp; CO, LLC</p> <p>Mailing Address 2440 N EDGEWOOD ST</p> <p>City ARLINGTON State VA Zip Code 22207</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00499<br/><b>Date of Disbursement:</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">515.50</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>STEUBEN, CORNING NY</p> <p>Mailing Address 1 STEUBEN WAY</p> <p>City CORNING State NY Zip Code 14830</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00499m<br/><b>Date of Disbursement:</b> 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;">515.50</p> <p><b>[MEMO ITEM]</b></p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 515.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1633 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00500  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

|        |
|--------|
| 515.50 |
|--------|

Purpose of Disbursement  
OFFICE SUPPLIES

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
STEUBEN, CORNING NY

Transaction ID: 2009M04L21a00500m  
Date of Disbursement

Mailing Address 1 STEUBEN WAY

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City CORNING State NY Zip Code 14830

Amount of Each Disbursement this Period

|        |
|--------|
| 515.50 |
|--------|

Purpose of Disbursement  
OFFICE SUPPLIES

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00501  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

|        |
|--------|
| 515.50 |
|--------|

Purpose of Disbursement  
OFFICE SUPPLIES

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

|         |
|---------|
| 1031.00 |
|---------|

TOTAL This Period (last page this line number only) .....

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STEUBEN, CORNING NY   | Transaction ID: 2009M04L21a00501m                        |
|    | Mailing Address 1 STEUBEN WAY  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City CORNING State NY Zip Code 14830   | Amount of Each Disbursement this Period<br>515.50        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00502                         |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>515.50        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>STEUBEN, CORNING NY   | Transaction ID: 2009M04L21a00502m                        |
|    | Mailing Address 1 STEUBEN WAY  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City CORNING State NY Zip Code 14830   | Amount of Each Disbursement this Period<br>515.50        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 515.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1635 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00503  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

|        |
|--------|
| 734.92 |
|--------|

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
NATIONAL BOOK NETWORK

Transaction ID: 2009M04L21a00503m  
Date of Disbursement

Mailing Address PO BOX 62188

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City BALTIMORE State MD Zip Code 21264

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

|        |
|--------|
| 734.92 |
|--------|

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00504  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

|        |
|--------|
| 734.92 |
|--------|

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1469.84

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1636 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NATIONAL BOOK NETWORK   | Transaction ID: 2009M04L21a00504m                        |
|    | Mailing Address PO BOX 62188   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City BALTIMORE State MD Zip Code 21264   | Amount of Each Disbursement this Period<br>734.92        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00505                         |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>734.92        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>NATIONAL BOOK NETWORK   | Transaction ID: 2009M04L21a00505m                        |
|    | Mailing Address PO BOX 62188   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009 |
|    | City BALTIMORE State MD Zip Code 21264   | Amount of Each Disbursement this Period<br>734.92        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 734.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00506  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

|       |
|-------|
| 16.35 |
|-------|

Purpose of Disbursement  
TAXI

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00507  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

|       |
|-------|
| 22.00 |
|-------|

Purpose of Disbursement  
TAXI

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
DEBBIE LEHARDY & CO, LLC

Transaction ID: 2009M04L21a00508  
Date of Disbursement

Mailing Address 2440 N EDGEWOOD ST

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 6 |   | 2 | 0 | 0 | 9 |

City ARLINGTON State VA Zip Code 22207

Amount of Each Disbursement this Period

|        |
|--------|
| 258.50 |
|--------|

Purpose of Disbursement  
TAXI

|  |
|--|
|  |
|--|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

|        |
|--------|
| 296.85 |
|--------|

**TOTAL** This Period (last page this line number only) ..... ►

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |   |
|-----------|--|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement<br>TELEPHONE CHARGES<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00509<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9  | Amount of Each Disbursement this Period<br><br>109.46                           |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY<br><br>Mailing Address P O BOX 6463<br><br>City CAROL STREAM State IL Zip Code 60197<br><br>Purpose of Disbursement<br>TELEPHONE CHARGES<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> 2009M04L21a00509m<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 | Amount of Each Disbursement this Period<br><br>109.46<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement<br>TIPS<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | <b>Transaction ID:</b> 2009M04L21a00510<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9  | Amount of Each Disbursement this Period<br><br>40.00                            |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 149.46 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1639 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DEBBIE LEHARDY & CO, LLC  | Transaction ID: 2009M04L21a00511   |
|    | Mailing Address 2440 N EDGEWOOD ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City ARLINGTON State VA Zip Code 22207   | Amount of Each Disbursement this Period<br>1170.00   |
|    | Purpose of Disbursement TIPS   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>LEXIS NEXIS   | Transaction ID: 2009M04L21a00512   |
|    | Mailing Address PO BOX 7247-7090   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19170  | Amount of Each Disbursement this Period<br>213.77  |
|    | Purpose of Disbursement ONLINE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>LEXIS NEXIS   | Transaction ID: 2009M04L21a00513   |
|    | Mailing Address PO BOX 7247-7090   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PHILADELPHIA State PA Zip Code 19170  | Amount of Each Disbursement this Period<br>962.51  |
|    | Purpose of Disbursement ONLINE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 2346.28 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1640 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>LEXIS NEXIS<br><br>Mailing Address PO BOX 7247-7090<br><br>City PHILADELPHIA State PA Zip Code 19170<br><br>Purpose of Disbursement<br>ONLINE CHARGES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21a00514<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>2262.46  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>THE LUKENS COMPANY<br><br>Mailing Address 2800 SHIRLINGTON ROAD<br>9TH FLOOR<br><br>City ARLINGTON State VA Zip Code 22206<br><br>Purpose of Disbursement<br>MAIL PRODUCTION<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                  | Transaction ID: 2009M04L21a00515<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>15440.28 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>GEORGE F LYNCH JR, P.C.<br><br>Mailing Address CERTIFIED PUBLIC ACCOUNTANT<br>700 PRINCESS STREET,STE 200<br><br>City ALEXANDRIA State VA Zip Code 22314<br><br>Purpose of Disbursement<br>ACCOUNTING SERVICE<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00516<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>3000.00  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 20702.74    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |             |
|----|--|---|-------------|
| A. | Full Name (Last, First, Middle Initial)<br><b>AMBER LYONS</b>  | <b>Transaction ID:</b> 2009M04L21a00517<br>Date of Disbursement<br>03 / 19 / 2009   |             |
|    | Mailing Address 520 JOHN CARLYLE ST<br>APT 326   |   |             |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>799.88   |             |
|    | Purpose of Disbursement CATERING COST<br>Candidate Name  | Category/Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |
| B. | Full Name (Last, First, Middle Initial)<br><b>WINDOWS CATERING</b>   | <b>Transaction ID:</b> 2009M04L21a00517m<br>Date of Disbursement<br>03 / 19 / 2009  |             |
|    | Mailing Address 5724 GENERAL WASHINGTON DRIVE  |   |             |
|    | City ALEXANDRIA State VA Zip Code 22312  | Amount of Each Disbursement this Period<br>799.88   |             |
|    | Purpose of Disbursement CATERING COST<br>Candidate Name  | Category/Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial)<br><b>AMBER LYONS</b>  | <b>Transaction ID:</b> 2009M04L21a00518<br>Date of Disbursement<br>03 / 19 / 2009   |             |
|    | Mailing Address 520 JOHN CARLYLE ST<br>APT 326   |   |             |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>46.15  |             |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>846.03</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1642 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>THE CHEESECAKE FACTORY, VA</p> <p>Mailing Address 2900 WILSON RD</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 2009M04L21a00518m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="46.15"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MADISON MANAGEMENT GROUP</p> <p>Mailing Address 3101 HEMLOCK HILLS LANE</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement CONSULTING-STAFF ASSISTANT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00519</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13500.00"/></p>                         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TORY MAGUIRE</p> <p>Mailing Address 620 9TH ST SW</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement EQUIPMENT REIMBURSEMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                    | <p><b>Transaction ID:</b> 2009M04L21a00520</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.00"/></p>                           |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="13730.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
RNC

Mailing Address 310 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
EQUIPMENT REIMBURSEMENT

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00520m  
Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

230.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
TORY MAGUIRE

Mailing Address 620 9TH ST SW

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
ISSUED IN ERROR 3/26/2009

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00521  
Date of Disbursement

03 / 30 / 2009

Amount of Each Disbursement this Period

-230.00

C.

Full Name (Last, First, Middle Initial)  
MAIL AMERICA COMMUNICATIONS,

Mailing Address INC.  
PO BOX 643184

City CINCINNATI State OH Zip Code 45264

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00522  
Date of Disbursement

03 / 12 / 2009

Amount of Each Disbursement this Period

318086.32

SUBTOTAL of Disbursements This Page (optional) ..... ▶

317856.32

TOTAL This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1645 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MARSH COPSEY & ASSOCIATES, INC.

Mailing Address 1334 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
STAFF CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00526  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
MCCAIN PALIN 2008

Mailing Address P O BOX 16118

City ARLINGTON State VA Zip Code 22202

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00527  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
MCDERMOTT WILL & EMERY

Mailing Address P O BOX 7247-6751

City PHILADELPHIA State PA Zip Code 19170-6751

Purpose of Disbursement  
LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00528  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1646 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ANN MCENIRY   | Transaction ID: 2009M04L21a00529<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 1111 N RANDOLPH ST APT 4   | Amount of Each Disbursement this Period<br>30.00   |
|    | City ARLINGTON State VA Zip Code 22201   |  |
|    | Purpose of Disbursement PARKING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ANN MCENIRY   | Transaction ID: 2009M04L21a00530<br>Date of Disbursement<br>03 / 19 / 2009   |
|    | Mailing Address 1111 N RANDOLPH ST APT 4   | Amount of Each Disbursement this Period<br>30.00   |
|    | City ARLINGTON State VA Zip Code 22201   |  |
|    | Purpose of Disbursement PARKING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ANN MCENIRY   | Transaction ID: 2009M04L21a00531<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 1111 N RANDOLPH ST APT 4   | Amount of Each Disbursement this Period<br>9.00  |
|    | City ARLINGTON State VA Zip Code 22201   |  |
|    | Purpose of Disbursement TAXI<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 69.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1647 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ANN MCENIRY</p> <p>Mailing Address 1111 N RANDOLPH ST APT 4</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> 2009M04L21a00532</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="15.00"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ANN MCENIRY</p> <p>Mailing Address 1111 N RANDOLPH ST APT 4</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> 2009M04L21a00533</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="19.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ANN MCENIRY</p> <p>Mailing Address 1111 N RANDOLPH ST APT 4</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00534</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="56.73"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="90.73"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1648 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|----------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00534m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">56.73</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 56.73    |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 56.73   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MCLAUGHLIN &amp; ASSOCIATES</p> <p>Mailing Address 566 SOUTH ROUTE 303</p> <p>City BLAUVELT State NY Zip Code 10913</p> <p>Purpose of Disbursement SURVEY COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00535</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">4750.00</td> </tr> </table>                          | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 4750.00  |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 4750.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MDI IMAGING AND MAIL</p> <p>Mailing Address 21955 CASCADES PARKWAY</p> <p>City DULLES State VA Zip Code 20166</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 2009M04L21a00536</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">20568.12</td> </tr> </table>                         | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 7 |  | 2 | 0 | 0 | 9 | 20568.12 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3  |   | 2 | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 20568.12  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|                 |
|-----------------|
| <b>25318.12</b> |
|-----------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00537   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>24.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00538   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>59.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00539   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>66.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 149.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1650 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00540  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>114.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00541  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>114.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00542  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>132.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

360.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00543   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>232.00  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00544   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>420.00  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00545   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>1643.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2295.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1652 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00546</p> <p>Date of Disbursement<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1661.55</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00547</p> <p>Date of Disbursement<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>2228.65</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00548</p> <p>Date of Disbursement<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>3442.50</p> |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7332.70</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00549   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>3996.20   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00550   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>4381.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00551   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>6744.25   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 15121.45 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00552</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7261.00</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00553</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>7624.05</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>MDS COMMUNICATIONS CORPORATION</p> <p>Mailing Address PO BOX 16006</p> <p>City PHOENIX State AZ Zip Code 85011</p> <p>Purpose of Disbursement<br/>TELEMARKETING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00554</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>8008.30</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**22893.35**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1655 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00555  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>9065.65  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00556  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>9572.00  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00557  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>9884.50  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**28522.15**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1656 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00558  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>10207.80   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00559  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>10237.50   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00560  |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009  |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>12362.00   |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>32807.30</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00561   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>03 / 05 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>15714.50  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MDS COMMUNICATIONS CORPORATION  | Transaction ID: 2009M04L21a00562   |
|    | Mailing Address PO BOX 16006   | Date of Disbursement<br>03 / 05 / 2009   |
|    | City PHOENIX State AZ Zip Code 85011   | Amount of Each Disbursement this Period<br>18470.50  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MELISSA DATA CORPORATION  | Transaction ID: 2009M04L21a00563   |
|    | Mailing Address 22382 AVENIDA EMPRESA  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City RANCHO SANTA MARGA State CA Zip Code 92688  | Amount of Each Disbursement this Period<br>1708.00   |
|    | Purpose of Disbursement<br>SOFTWARE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>35893.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>MICRO AGE   | Transaction ID: 2009M04L21a00564<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address PO BOX 2941  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City PHOENIX State AZ Zip Code 85062   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>COMPUTER EQUIPMENT  | <table border="1"><tr><td>288.27</td></tr></table>   | 288.27 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 288.27 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>MICRO AGE   | Transaction ID: 2009M04L21a00565<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address PO BOX 2941  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City PHOENIX State AZ Zip Code 85062   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>COMPUTER EQUIPMENT  | <table border="1"><tr><td>950.57</td></tr></table>   | 950.57 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 950.57 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>MICRO AGE   | Transaction ID: 2009M04L21a00566<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address PO BOX 2941  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City PHOENIX State AZ Zip Code 85062   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>OFFICE SUPPLIES   | <table border="1"><tr><td>376.36</td></tr></table>   | 376.36 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 376.36 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1615.20</td></tr></table> | 1615.20 |
| 1615.20  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1659 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
MOORE WALLACE-AN RR DONNELLEY

Mailing Address COMPANY  
PO BOX 905046

City CHARLOTTE State NC Zip Code 28290

Purpose of Disbursement  
PRINTING COST

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00567  
Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2009

Amount of Each Disbursement this Period

2360.16

**B.** Full Name (Last, First, Middle Initial)  
MUZAK, LLC

Mailing Address P O BOX 71070

City CHARLOTTE State NC Zip Code 28272-1070

Purpose of Disbursement  
MUSIC SERVICES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00568  
Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2009

Amount of Each Disbursement this Period

95.96

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL CAR RENTAL

Mailing Address P O BOX 402334

City ATLANTA State GA Zip Code 30384

Purpose of Disbursement  
CAR RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00569  
Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2009

Amount of Each Disbursement this Period

143.33

**SUBTOTAL** of Disbursements This Page (optional) .....

2599.45

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1660 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>NATIONAL CAR RENTAL   | Transaction ID: 2009M04L21a00570<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address P O BOX 402334   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement CAR RENTAL   | <table border="1"><tr><td>169.10</td></tr></table>   | 169.10 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 169.10 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>NATIONAL CAR RENTAL   | Transaction ID: 2009M04L21a00571<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address P O BOX 402334   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City ATLANTA State GA Zip Code 30384   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement CAR RENTAL   | <table border="1"><tr><td>763.29</td></tr></table>   | 763.29 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 763.29 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>NATIONAL NEWS AGENCY, INC   | Transaction ID: 2009M04L21a00572<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 4331 BLADENSBURG RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City COLMAR MANOR State MD Zip Code 20722  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement SUBSCRIPTION   | <table border="1"><tr><td>493.35</td></tr></table>   | 493.35 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 493.35 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1425.74</td></tr></table> | 1425.74 |
| 1425.74  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NATIONAL CAPITAL TELESERVICES   | Transaction ID: 2009M04L21a00573<br>Date of Disbursement   |
|    | Mailing Address LLC<br>300 FIFTH STREET, NE  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="4365.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NATIONAL CAPITAL TELESERVICES   | Transaction ID: 2009M04L21a00574<br>Date of Disbursement   |
|    | Mailing Address LLC<br>300 FIFTH STREET, NE  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="5070.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>NATIONAL CAPITAL TELESERVICES   | Transaction ID: 2009M04L21a00575<br>Date of Disbursement   |
|    | Mailing Address LLC<br>300 FIFTH STREET, NE  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement<br>TELEMARKETING   | <input type="text" value="10250.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="19685.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |





**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ON MESSAGE, INC.  | Transaction ID: 2009M04L21a00582<br>Date of Disbursement   |
|    | Mailing Address 2130 PRIEST BRIDGE DR #11  | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City CRFTON State MD Zip Code 21114  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement SPEECH WRITING   | <input type="text" value="12000.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ON MESSAGE, INC.  | Transaction ID: 2009M04L21a00583<br>Date of Disbursement   |
|    | Mailing Address 2130 PRIEST BRIDGE DR #11  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City CRFTON State MD Zip Code 21114  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement SURVEY COST  | <input type="text" value="29000.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>OVAL OFFICE WRITERS,LLC   | Transaction ID: 2009M04L21a00584<br>Date of Disbursement   |
|    | Mailing Address 431 SOUTH FAIRFAX STREET   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement AIR FARE   | <input type="text" value="919.20"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="41919.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1665 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|----------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                             | <p><b>Transaction ID:</b> 2009M04L21a00584m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">919.20</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 919.20   |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 919.20  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>OVAL OFFICE WRITERS,LLC</p> <p>Mailing Address 431 SOUTH FAIRFAX STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement SPEECH WRITING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00585</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">16900.00</td> </tr> </table>                          | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 16900.00 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 16900.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PAO'S CUSTOM DECKS AND</p> <p>Mailing Address CONST. LLC<br/>1859 GATES DRIVE WEST</p> <p>City PLATTE CITY State MO Zip Code 64079</p> <p>Purpose of Disbursement LABOR COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00586</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">500.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 500.00   |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 500.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|                 |
|-----------------|
| <b>17400.00</b> |
|-----------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1666 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PAY PAL INC.</p> <p>Mailing Address 4100 SOLUTIONS CENTER, #774100</p> <p>City CHICAGO State IL Zip Code 60677</p> <p>Purpose of Disbursement BANKING SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00587</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="273.60"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>PC GROUP</p> <p>Mailing Address P O BOX 398</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                          | <p><b>Transaction ID:</b> 2009M04L21a00588</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="334.60"/></p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NETWORK SOLUTIONS</p> <p>Mailing Address 13861 SUNRISE VALLEY DRIVE</p> <p>City HERNDON State VA Zip Code 20171</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00588m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="334.60"/></p> <p><b>[MEMO ITEM]</b></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="608.20"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1667 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>PC GROUP  | Transaction ID: 2009M04L21a00589<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address P O BOX 398  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City MCLEAN State VA Zip Code 22101  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement SOFTWARE MAINTENANCE   | <table border="1"><tr><td>400.00</td></tr></table>   | 400.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 400.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.       | Full Name (Last, First, Middle Initial)<br>PEPCO   | Transaction ID: 2009M04L21a00590<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address P O BOX 4863   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 0        | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City TRENTON State NJ Zip Code 08650-4863  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement UTILITIES  | <table border="1"><tr><td>22171.31</td></tr></table>   | 22171.31 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 22171.31 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>DAN PERKINS   | Transaction ID: 2009M04L21a00591<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 403 ROLAND ST SW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City VIENNA State VA Zip Code 22180  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement INTERNET SERVICES  | <table border="1"><tr><td>37.95</td></tr></table>  | 37.95 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 37.95 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>22609.26</td></tr></table> | 22609.26 |
| 22609.26   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1668 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: 2009M04L21a00591m                        |
|    | Mailing Address P O BOX 660720   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City DALLAS State TX Zip Code 75266-0720   | Amount of Each Disbursement this Period<br>37.95         |
|    | Purpose of Disbursement INTERNET SERVICES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DAN PERKINS   | Transaction ID: 2009M04L21a00592                         |
|    | Mailing Address 403 ROLAND ST SW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City VIENNA State VA Zip Code 22180  | Amount of Each Disbursement this Period<br>62.10         |
|    | Purpose of Disbursement TELEPHONE CHARGES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: 2009M04L21a00592m                        |
|    | Mailing Address P O BOX 660720   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City DALLAS State TX Zip Code 75266-0720   | Amount of Each Disbursement this Period<br>62.10         |
|    | Purpose of Disbursement TELEPHONE CHARGES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 62.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1669 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>TREVOR PERSON<br><hr/> Mailing Address 42 ALSACE COURT<br><hr/> City LITTLE ROCK State AR Zip Code 72223<br><hr/> Purpose of Disbursement FUEL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼         | Transaction ID: 2009M04L21a00593<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>7.10   |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>TREVOR PERSON<br><hr/> Mailing Address 42 ALSACE COURT<br><hr/> City LITTLE ROCK State AR Zip Code 72223<br><hr/> Purpose of Disbursement LODGING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼      | Transaction ID: 2009M04L21a00594<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>138.60   |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>HAMPTON, ALEXANDRIA VA<br><hr/> Mailing Address 1616 KING ST<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement LODGING<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00594m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>138.60   |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

145.70

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1670 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TREVOR PERSON</p> <p>Mailing Address 42 ALSACE COURT</p> <p>City LITTLE ROCK State AR Zip Code 72223</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00595</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.24"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MCDONALD'S, RONALD REAGAN WDC</p> <p>Mailing Address 1 AVIATION CIRCLE</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00595m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.24"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TREVOR PERSON</p> <p>Mailing Address 42 ALSACE COURT</p> <p>City LITTLE ROCK State AR Zip Code 72223</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00596</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.49"/></p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FABER NEWS, WASHINGTON DC</p> <p>Mailing Address 1 AVIATION</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00596m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.49"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TREVOR PERSON</p> <p>Mailing Address 42 ALSACE COURT</p> <p>City LITTLE ROCK State AR Zip Code 72223</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 2009M04L21a00597</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p>                           |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TREVOR PERSON</p> <p>Mailing Address 42 ALSACE COURT</p> <p>City LITTLE ROCK State AR Zip Code 72223</p> <p>Purpose of Disbursement TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00598</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="92.95"/></p>                           |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1672 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>AT & T MOBILITY<br>Mailing Address P O BOX 6463<br>City CAROL STREAM State IL Zip Code 60197<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00598m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>92.95<br>[MEMO ITEM]   |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SARAH PETRE<br>Mailing Address 4328 GARRISON ST NW<br>City WASHINGTON State DC Zip Code 20016<br>Purpose of Disbursement PARKING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00599<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>30.00   |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>SARAH PETRE<br>Mailing Address 4328 GARRISON ST NW<br>City WASHINGTON State DC Zip Code 20016<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00600<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>54.51   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 84.51 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1673 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SPRINT<br><hr/> Mailing Address P O BOX 105243<br><hr/> City ATLANTA State GA Zip Code 30348-5243<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                                     | Transaction ID: 2009M04L21a00600m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>54.51<br><hr/> [MEMO ITEM] |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>PITNEY BOWES GLOBAL FINANCIAL<br><hr/> Mailing Address SERVICES LLC<br>P O BOX 856460<br><hr/> City LOUISVILLE State KY Zip Code 40285<br><hr/> Purpose of Disbursement<br>EQUIPMENT RENTAL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00601<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>437.81                      |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>PREFERRED COMMUNICATIONS<br><hr/> Mailing Address 815 KING STREET<br>SUITE 209<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement<br>LIST RENTAL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 2009M04L21a00602<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>1000.00                     |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1437.81

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1674 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>PRESS ASSOCIATION,INC   | Transaction ID: 2009M04L21a00603  |
|    | Mailing Address PO BOX 414243  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009  |
|    | City BOSTON State MA Zip Code 02241  | Amount of Each Disbursement this Period<br>2100.00  |
|    | Purpose of Disbursement<br>SUBSCRIPTION  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>REINCE PRIEBUS  | Transaction ID: 2009M04L21a00604  |
|    | Mailing Address 2340 2ND STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City KENOSHA State WI Zip Code 53140   | Amount of Each Disbursement this Period<br>667.20   |
|    | Purpose of Disbursement<br>AIR FARE  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>UNITED AIRLINES   | Transaction ID: 2009M04L21a00604m   |
|    | Mailing Address PO BOX 2013  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City CHICAGO State IL Zip Code 60673   | Amount of Each Disbursement this Period<br>667.20   |
|    | Purpose of Disbursement<br>AIR FARE  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ..... ▶

2767.20

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1675 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>REINCE PRIEBUS  | Transaction ID: 2009M04L21a00605   |
|    | Mailing Address 2340 2ND STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City KENOSHA State WI Zip Code 53140   | Amount of Each Disbursement this Period<br>1348.38   |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ORBITZ  | Transaction ID: 2009M04L21a00605m  |
|    | Mailing Address 1 HARBORSIDE DRIVE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City EAST BOSTON State MA Zip Code 02128   | Amount of Each Disbursement this Period<br>1348.38   |
|    | Purpose of Disbursement AIR FARE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>REINCE PRIEBUS  | Transaction ID: 2009M04L21a00606   |
|    | Mailing Address 2340 2ND STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City KENOSHA State WI Zip Code 53140   | Amount of Each Disbursement this Period<br>308.01  |
|    | Purpose of Disbursement LODGING  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1656.39 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1677 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>REINCE PRIEBUS  | Transaction ID: 2009M04L21a00608   |
|    | Mailing Address 2340 2ND STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City KENOSHA State WI Zip Code 53140   | Amount of Each Disbursement this Period<br>145.00  |
|    | Purpose of Disbursement PARKING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>REINCE PRIEBUS  | Transaction ID: 2009M04L21a00609   |
|    | Mailing Address 2340 2ND STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City KENOSHA State WI Zip Code 53140   | Amount of Each Disbursement this Period<br>128.00  |
|    | Purpose of Disbursement TAXI'S<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>PUBLIC STORAGE  | Transaction ID: 2009M04L21a00610   |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>32.00   |
|    | Purpose of Disbursement STORAGE COST<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>305.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1678 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>PUBLIC STORAGE  | Transaction ID: 2009M04L21a00611   |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>195.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>PUBLIC STORAGE  | Transaction ID: 2009M04L21a00612   |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>218.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>PUBLIC STORAGE  | Transaction ID: 2009M04L21a00613   |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>218.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>632.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>PUBLIC STORAGE</b>   | <b>Transaction ID:</b> 2009M04L21a00617  |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>226.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>PUBLIC STORAGE</b>   | <b>Transaction ID:</b> 2009M04L21a00618  |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>226.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>PUBLIC STORAGE</b>   | <b>Transaction ID:</b> 2009M04L21a00619  |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>226.50  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>679.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>PUBLIC STORAGE</b>   | <b>Transaction ID:</b> 2009M04L21a00620  |
|    | Mailing Address 7975 BRANCH AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period<br>238.00  |
|    | Purpose of Disbursement<br>STORAGE COST  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>RANDY PULLEN</b>   | <b>Transaction ID:</b> 2009M04L21a00621  |
|    | Mailing Address 4915 E LAYAYETTE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PHOENIX State AZ Zip Code 85018   | Amount of Each Disbursement this Period<br>937.40  |
|    | Purpose of Disbursement<br>AIR FARE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>US AIRWAYS</b>   | <b>Transaction ID:</b> 2009M04L21a00621m   |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period<br>937.40  |
|    | Purpose of Disbursement<br>AIR FARE  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1175.40

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1682 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RANDY PULLEN</p> <p>Mailing Address 4915 E LAYAYETTE</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 2009M04L21a00622<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>717.93</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00622m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>717.93</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RANDY PULLEN</p> <p>Mailing Address 4915 E LAYAYETTE</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00623<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>13.62</p>                             |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

731.55

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1683 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>BULLFEATHERS, WASHINGTON DC<br>Mailing Address 410 1ST ST SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00623m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>13.62<br>[MEMO ITEM]   |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>RANDY PULLEN<br>Mailing Address 4915 E LAYAYETTE<br>City PHOENIX State AZ Zip Code 85018<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00624<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>30.50<br>[MEMO ITEM]  |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>CAPITOL HILL CLUB<br>Mailing Address 300 FIRST STREET, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00624m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>30.50<br>[MEMO ITEM]   |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 30.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RANDY PULLEN</p> <p>Mailing Address 4915 E LAYAYETTE</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                    | <p><b>Transaction ID:</b> 2009M04L21a00625</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="152.90"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SONOMA, WASHINGTON DC</p> <p>Mailing Address 223 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00625m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="152.90"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RANDY PULLEN</p> <p>Mailing Address 4915 E LAYAYETTE</p> <p>City PHOENIX State AZ Zip Code 85018</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                  | <p><b>Transaction ID:</b> 2009M04L21a00626</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="38.00"/></p>                             |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="190.90"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1685 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>PVI OFFICE FURNITURE  | Transaction ID: 2009M04L21a00627<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 2421 MONOCACY BLVD   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City FREDERICK State MD Zip Code 21701   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement OFFICE SUPPLIES  | <table border="1"><tr><td>2684.53</td></tr></table>  | 2684.53 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2684.53 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00628<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 0    | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement FUEL   | <table border="1"><tr><td>6.52</td></tr></table>   | 6.52 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6.52 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   | <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00629<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 2    | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement FUEL   | <table border="1"><tr><td>8.59</td></tr></table>   | 8.59 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 8.59 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   | <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>2699.64</td></tr></table> | 2699.64 |
| 2699.64  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1686 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00630</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29.41"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00631</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="48.70"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00632</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="154.63"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="232.74"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1687 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>COURTYARD MARRIOTT AUSTIN</p> <p>Mailing Address 4533 SOUTH- LANE 35</p> <p>City AUSTIN State TX Zip Code 78744</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00632m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>154.63</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a00633<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>155.00</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>HILTON, ATLANTA GA</p> <p>Mailing Address 1031 VIRGINIA AVENUE</p> <p>City ATLANTA State GA Zip Code 30354</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a00633m<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>155.00</p> <p><b>[MEMO ITEM]</b></p> |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 155.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1689 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HAMPTON, WASHINGTON DC<br>Mailing Address 901 6TH ST NW<br>City WASHINGTON State DC Zip Code 20001<br>Purpose of Disbursement<br>LODGING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00635m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>266.90<br>[MEMO ITEM]  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br>Mailing Address 605 CLARIDAN RANCH RD<br>City SOUTHLAKE State TX Zip Code 76092<br>Purpose of Disbursement<br>LODGING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00636<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>299.50<br>[MEMO ITEM]                                       |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>HILTON, SHREVEPORT<br>Mailing Address 104 MARKET STREET<br>City SHREVEPORT State LA Zip Code 71101<br>Purpose of Disbursement<br>LODGING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00636m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>299.50<br>[MEMO ITEM]  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 299.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1690 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><br>Mailing Address 605 CLARIDAN RANCH RD<br><br>City SOUTHLAKE State TX Zip Code 76092<br><br>Purpose of Disbursement<br>LODGING<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: 2009M04L21a00637<br>Date of Disbursement<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>303.37<br><br>Category/<br>Type |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>HILTON, LOS ANGELES CA<br><br>Mailing Address 5711 WEST CENTURY BLVD<br><br>City LOS ANGELES State CA Zip Code 90045<br><br>Purpose of Disbursement<br>LODGING<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00637m<br>Date of Disbursement<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>303.37<br><br>[MEMO ITEM]      |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><br>Mailing Address 605 CLARIDAN RANCH RD<br><br>City SOUTHLAKE State TX Zip Code 76092<br><br>Purpose of Disbursement<br>LODGING<br><br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: 2009M04L21a00638<br>Date of Disbursement<br>03 / 05 / 2009<br><br>Amount of Each Disbursement this Period<br>369.56<br><br>Category/<br>Type |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**672.93**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
COURTYARD MARRIOTT WASHINGTON

Mailing Address CAPITOL HILL  
140 L STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00638m  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

369.56

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
SHANNON REEVES

Mailing Address 605 CLARIDAN RANCH RD

City SOUTHLAKE State TX Zip Code 76092

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00639  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

432.20

**C.** Full Name (Last, First, Middle Initial)  
RESIDENCE INN BY MARRIOTT

Mailing Address SAN FRANCISCO ARPT  
2000 WINWARD WAY

City SAN MATEO State CA Zip Code 94404

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00639m  
Date of Disbursement

03 / 05 / 2009

Amount of Each Disbursement this Period

432.20

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

432.20

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1692 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00640</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.61"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>FURR'S 195</p> <p>Mailing Address 4222 SOUTH INTERSTATE 35</p> <p>City AUSTIN State TX Zip Code 78745</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00640m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="8.61"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00641</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.84"/></p>                            |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="18.45"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FIVE GUYS, DULLES VA</p> <p>Mailing Address 44844 AUTO PILOT DR</p> <p>City DULLES State VA Zip Code 20166</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00641m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">9.84</td> </tr> </table> <p><b>[MEMO ITEM]</b></p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 9.84  |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3   |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 9.84  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00642</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">17.60</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 17.60 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 17.60   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JOHNNY ROCKETS, WASHINGTON DC</p> <p>Mailing Address 3131 H ST</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00642m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">17.60</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 17.60 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 17.60   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 17.60 |
|-------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1694 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><hr/> Mailing Address 605 CLARIDAN RANCH RD<br><hr/> City SOUTHLAKE State TX Zip Code 76092<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 2009M04L21a00643<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>18.02                            |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>TORTILLA COAST, WASHINGTON DC<br><hr/> Mailing Address 400 FIRST ST SE<br><hr/> City WASHINGTON State DC Zip Code 20016<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00643m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>18.02<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><hr/> Mailing Address 605 CLARIDAN RANCH RD<br><hr/> City SOUTHLAKE State TX Zip Code 76092<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 2009M04L21a00644<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>19.30                            |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 37.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1695 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BURGER KING FAIRFIELD, CA</p> <p>Mailing Address 190 PITTMAN RD</p> <p>City FAIRFIELD State CA Zip Code 94533</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00644m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.30</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 19.30 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 19.30   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00645</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.77</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 19.77 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 19.77   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>THE ORIGINAL MEL'S</p> <p>Mailing Address 2057 ARENA BLVD</p> <p>City SACRAMENTO State CA Zip Code 95834</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a00645m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">19.77</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 19.77 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 19.77   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 19.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1697 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PEPPERMILL RESTAURANT, CA</p> <p>Mailing Address 3524 SEVERN AVE</p> <p>City METAIRIE State LA Zip Code 70002</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21a00647m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="31.32"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00648</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.53"/></p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>HOLIDAY FISH SOUL FOOD</p> <p>Mailing Address 8217 INTERNATIONAL BLVD</p> <p>City OAKLAND State CA Zip Code 94621</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00648m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="33.53"/></p> <p><b>[MEMO ITEM]</b></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="33.53"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1698 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00649<br>Date of Disbursement   |
|    | Mailing Address 605 CLARIDAN RANCH RD  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement MEALS  | <input type="text" value="41.95"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>HORSESHOE CASINO & HOTEL, LA  | Transaction ID: 2009M04L21a00649m<br>Date of Disbursement  |
|    | Mailing Address 711 HORSESHOE BLVD<br>P O BOX 7111   | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City BOSSIER CITY State LA Zip Code 71171  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement MEALS  | <input type="text" value="41.95"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00650<br>Date of Disbursement   |
|    | Mailing Address 605 CLARIDAN RANCH RD  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement MEALS  | <input type="text" value="54.34"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1699 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>BROTHER'S SEAFOOD, SHREVEPORT</p> <p>Mailing Address 4916 MONKHOUSE</p> <p>City SHREVEPORT State LA Zip Code 71101</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00650m<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="54.34"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00651<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="62.53"/></p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NEW ORLEANS HAMBURGER &amp; SEAFOO</p> <p>Mailing Address 1338 W. AIRLINE HWY</p> <p>City LAPLACE State LA Zip Code 70068</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00651m<br/><b>Date of Disbursement</b></p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="62.53"/></p> <p><b>[MEMO ITEM]</b></p> |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="62.53"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1700 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><hr/> Mailing Address 605 CLARIDAN RANCH RD<br><hr/> City SOUTHLAKE State TX Zip Code 76092<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21a00652<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>85.83                            |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>LEGAL SEA FOODS<br><hr/> Mailing Address 704-708 7TH STREET NW<br><hr/> City WASHINGTON State DC Zip Code 20001<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00652m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>85.83<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES<br><hr/> Mailing Address 605 CLARIDAN RANCH RD<br><hr/> City SOUTHLAKE State TX Zip Code 76092<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21a00653<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>92.20                            |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 178.03 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1701 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CHEESECAKE BISTRO, NEW ORLEANS</p> <p>Mailing Address 2001 ST CHARLES AVE</p> <p>City NEW ORLEANS State LA Zip Code 70130</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00653m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">92.20</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 92.20 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 92.20   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHANNON REEVES</p> <p>Mailing Address 605 CLARIDAN RANCH RD</p> <p>City SOUTHLAKE State TX Zip Code 76092</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00654</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">98.32</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 98.32 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 98.32   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CLYDE'S-WASHINGTON DC</p> <p>Mailing Address 707 7TH STREET NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a00654m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">98.32</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 98.32 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 98.32   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>98.32</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00655                         |
|    | Mailing Address 605 CLARIDAN RANCH RD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period<br>185.33        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>JUBAN'S RESTAURANT, LA  | Transaction ID: 2009M04L21a00655m                        |
|    | Mailing Address 3739 PERKINS RD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City BATON ROUGE State LA Zip Code 70808   | Amount of Each Disbursement this Period<br>185.33        |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       | [MEMO ITEM]  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00656                         |
|    | Mailing Address 605 CLARIDAN RANCH RD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period<br>3.75          |
|    | Purpose of Disbursement PARKING<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 189.08 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1703 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00657<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement PARKING  | <table border="1"><tr><td>14.00</td></tr></table>  | 14.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 14.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00658<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement PARKING  | <table border="1"><tr><td>31.50</td></tr></table>  | 31.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 31.50 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00659<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 2    | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TAXI   | <table border="1"><tr><td>9.75</td></tr></table>   | 9.75 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 9.75 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>55.25</td></tr></table> | 55.25 |
| 55.25  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1704 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00660<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 2     | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>13.00</td></tr></table>  | 13.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 13.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00661<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>51.00</td></tr></table>  | 51.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 51.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00662<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement TAXI   | <table border="1"><tr><td>124.50</td></tr></table>   | 124.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 124.50 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>188.50</td></tr></table> | 188.50 |
| 188.50   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1705 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>SHANNON REEVES  | Transaction ID: 2009M04L21a00663<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 605 CLARIDAN RANCH RD  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City SOUTHLAKE State TX Zip Code 76092   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI'S   | <table border="1"><tr><td>46.00</td></tr></table>  | 46.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 46.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00664<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 631 PENNSYLVANIA AVE SE  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement PHOTOGRAPHY SVS  | <table border="1"><tr><td>199.78</td></tr></table>   | 199.78 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 199.78 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00665<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 631 PENNSYLVANIA AVE SE  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement PHOTOGRAPHY SVS  | <table border="1"><tr><td>416.04</td></tr></table>   | 416.04 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 416.04 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>661.82</td></tr></table> | 661.82 |
| 661.82   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1706 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00666<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PHOTOGRAPHY SVS  | <input type="text" value="581.63"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00667<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement VIDEO PRODUCTION   | <input type="text" value="416.04"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00668<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement VIDEO PRODUCTION   | <input type="text" value="416.04"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1413.71"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1707 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00669<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement VIDEO PRODUCTION   | <input type="text" value="416.04"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00670<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement VIDEO PRODUCTION   | <input type="text" value="959.09"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC  | Transaction ID: 2009M04L21a00671<br>Date of Disbursement   |
|    | Mailing Address 631 PENNSYLVANIA AVE SE  | <input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement VIDEO PRODUCTION   | <input type="text" value="959.09"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2334.22"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC<br>Mailing Address 631 PENNSYLVANIA AVE SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement VIDEO PRODUCTION<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00672<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>959.09  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>REFLECTIONS PHOTOGRAPHY, INC<br>Mailing Address 631 PENNSYLVANIA AVE SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement VIDEO PRODUCTION<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00673<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>959.12  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>RIS PAPER<br>Mailing Address P O BOX 641617<br>City PITTSBURGH State PA Zip Code 15264-1617<br>Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                         | Transaction ID: 2009M04L21a00674<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1426.36   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3344.57 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1709 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT<br><br>Mailing Address 310 FIRST STREET, SE<br><br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement<br>FED UNEMPL. TAXES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21a00675<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>391.01                            |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>INTERNAL REVENUE SERVICE<br><br>Mailing Address 11601 ROOSEVELT BLVD<br><br>City PHILADELPHIA State PA Zip Code 19154<br>Purpose of Disbursement<br>FED UNEMPL. TAXES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00675m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>391.01<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT<br><br>Mailing Address 310 FIRST STREET, SE<br><br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement<br>FED UNEMPL. TAXES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21a00676<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><br>Amount of Each Disbursement this Period<br>519.80                            |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>910.81</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1711 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT<br><hr/> Mailing Address 310 FIRST STREET, SE<br><hr/> City WASHINGTON State DC Zip Code 20003<br><hr/> Purpose of Disbursement GARNISHMENT<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:    | Transaction ID: 2009M04L21a00678<br>Date of Disbursement<br>03 / 30 / 2009<br><hr/> Amount of Each Disbursement this Period<br>500.00                     |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>CA STATE DISBURSEMENT UNIT<br><hr/> Mailing Address PO BOX 989067<br><hr/> City W. SACRAMENTO State CA Zip Code 95798<br><hr/> Purpose of Disbursement GARNISHMENT<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L21a00678m<br>Date of Disbursement<br>03 / 30 / 2009<br><hr/> Amount of Each Disbursement this Period<br>500.00<br><br>[MEMO ITEM] |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT<br><hr/> Mailing Address 310 FIRST STREET, SE<br><hr/> City WASHINGTON State DC Zip Code 20003<br><hr/> Purpose of Disbursement PAYROLL TAXES<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:  | Transaction ID: 2009M04L21a00679<br>Date of Disbursement<br>03 / 11 / 2009<br><hr/> Amount of Each Disbursement this Period<br>4331.59                    |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4831.59</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GOVT OF THE DIST OF COLUMBIA</p> <p>Mailing Address OFFICE OF TAX &amp; REVENUE<br/>PO BOX 7862</p> <p>City WASHINGTON State DC Zip Code 20044</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00679m<br/><b>Date of Disbursement:</b><br/>MM / DD / YYYY<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4331.59</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                                 | <p><b>Transaction ID:</b> 2009M04L21a00680<br/><b>Date of Disbursement:</b><br/>MM / DD / YYYY<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4499.78</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GOVT OF THE DIST OF COLUMBIA</p> <p>Mailing Address OFFICE OF TAX &amp; REVENUE<br/>PO BOX 7862</p> <p>City WASHINGTON State DC Zip Code 20044</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00680m<br/><b>Date of Disbursement:</b><br/>MM / DD / YYYY<br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4499.78</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4499.78

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00681</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4877.54"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARYLAND STATE COMPTROLLER</p> <p>Mailing Address OF THE TREASURY<br/>110 CARROLL STREET</p> <p>City ANNAPOLIS State MD Zip Code 21411</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00681m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4877.54"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00682</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4912.61"/></p>                            |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="9790.15"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1714 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VIRGINIA COMMONWEALTH DEPT</p> <p>Mailing Address OF TAXATION</p> <p>City RICHMOND State VA Zip Code 23218</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                             | <p><b>Transaction ID:</b> 2009M04L21a00682m<br/><b>Date of Disbursement</b><br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4912.61</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00683<br/><b>Date of Disbursement</b><br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5004.30</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MARYLAND STATE COMPTROLLER</p> <p>Mailing Address OF THE TREASURY<br/>110 CARROLL STREET</p> <p>City ANNAPOLIS State MD Zip Code 21411</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00683m<br/><b>Date of Disbursement</b><br/>03 / 30 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5004.30</p> <p><b>[MEMO ITEM]</b></p> |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5004.30 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1715 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT   | Transaction ID: 2009M04L21a00684<br>Date of Disbursement   |
|    | Mailing Address 310 FIRST STREET, SE   | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL TAXES  | <input type="text" value="5057.43"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VIRGINIA COMMONWEALTH DEPT  | Transaction ID: 2009M04L21a00684m<br>Date of Disbursement  |
|    | Mailing Address OF TAXATION  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City RICHMOND State VA Zip Code 23218  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL TAXES  | <input type="text" value="5057.43"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT   | Transaction ID: 2009M04L21a00685<br>Date of Disbursement   |
|    | Mailing Address 310 FIRST STREET, SE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL TAXES  | <input type="text" value="36810.25"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="41867.68"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1716 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|----------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>INTERNAL REVENUE SERVICE</p> <p>Mailing Address 11601 ROOSEVELT BLVD</p> <p>City PHILADELPHIA State PA Zip Code 19154</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00685m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">36810.25</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 | 9 | 36810.25 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 1 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 36810.25  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>RNC-PAYROLL ACCOUNT</p> <p>Mailing Address 310 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00686</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">40098.32</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 | 40098.32 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 40098.32  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>INTERNAL REVENUE SERVICE</p> <p>Mailing Address 11601 ROOSEVELT BLVD</p> <p>City PHILADELPHIA State PA Zip Code 19154</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00686m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">40098.32</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 | 9 | 40098.32 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 0   | 3   |   | 3 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |          |
| 40098.32  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |          |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|          |
|----------|
| 40098.32 |
|----------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.       | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT   | Transaction ID: 2009M04L21a00687<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address 310 FIRST STREET, SE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 1        | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement PAYROLL TAXES  | <table border="1"><tr><td>40486.49</td></tr></table>   | 40486.49 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 40486.49 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   | <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.       | Full Name (Last, First, Middle Initial)<br>INTERNAL REVENUE SERVICE  | Transaction ID: 2009M04L21a00687m<br>Date of Disbursement  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address 11601 ROOSEVELT BLVD   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 1        | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City PHILADELPHIA State PA Zip Code 19154  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement PAYROLL TAXES  | <table border="1"><tr><td>40486.49</td></tr></table>   | 40486.49 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 40486.49 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   | <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

[MEMO ITEM]

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.       | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT   | Transaction ID: 2009M04L21a00688<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address 310 FIRST STREET, SE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 3        | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement PAYROLL TRANSFER   | <table border="1"><tr><td>44237.61</td></tr></table>   | 44237.61 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 44237.61 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | State: District:   | <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>84724.10</td></tr></table> | 84724.10 |
| 84724.10   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>INTERNAL REVENUE SERVICE<br>Mailing Address 11601 ROOSEVELT BLVD<br>City PHILADELPHIA State PA Zip Code 19154<br>Purpose of Disbursement PAYROLL TRANSFER<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00688m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>44237.61<br>[MEMO ITEM]                                      |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT<br>Mailing Address 310 FIRST STREET, SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement UNEMPL. TAXES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00689<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1358.56<br>[MEMO ITEM]                                      |

|  |   |
|--|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GOVT OF THE DIST OF COLUMBIA<br>Mailing Address OFFICE OF TAX & REVENUE<br>PO BOX 7862<br>City WASHINGTON State DC Zip Code 20044<br>Purpose of Disbursement UNEMPL. TAXES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00689m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1358.56<br>[MEMO ITEM]                                       |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1358.56 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1719 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RNC-PAYROLL ACCOUNT   | Transaction ID: 2009M04L21a00690<br>Date of Disbursement   |
|    | Mailing Address 310 FIRST STREET, SE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement UNEMPL. TAXES  | <input type="text" value="1424.62"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>GOVT OF THE DIST OF COLUMBIA  | Transaction ID: 2009M04L21a00690m<br>Date of Disbursement  |
|    | Mailing Address OFFICE OF TAX & REVENUE<br>PO BOX 7862   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20044  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement UNEMPL. TAXES  | <input type="text" value="1424.62"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>RNC-WITHHOLDING   | Transaction ID: 2009M04L21a00691<br>Date of Disbursement   |
|    | Mailing Address 310 FIRST STREET, SE   | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement EMPLOYEE DEDUCTION   | <input type="text" value="157.50"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="1582.12"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1720 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
RNC-WITHHOLDING

Mailing Address 310 FIRST STREET, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
EMPLOYEE DEDUCTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00692  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

162.50

B.

Full Name (Last, First, Middle Initial)  
ROSWELL PARKS & RECREATION

Mailing Address DEPARTMENT  
PO BOX 1838

City ROSWELL State NM Zip Code 88202

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00693  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

3100.00

C.

Full Name (Last, First, Middle Initial)  
ROSWELL RENTAL, INC

Mailing Address 116 EAST COLLEGE

City ROSWELL State NM Zip Code 88201

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00694  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

248.68

SUBTOTAL of Disbursements This Page (optional) .....

3511.18

TOTAL This Period (last page this line number only) .....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00695<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 9                            |
|  | Amount of Each Disbursement this Period<br>317.99   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00696<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 9                            |
|  | Amount of Each Disbursement this Period<br>347.00   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00697<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 0 / 2 0 0 9                            |
|  | Amount of Each Disbursement this Period<br>380.53   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1045.52 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1722 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |                   |
|-----------|--|---|-------------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>RST MARKETING ASSOCIATES, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00698<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009                               |                   |
|           | Mailing Address<br>PO BOX 228  |   |                   |
|           | City<br>FOREST   | State<br>VA   | Zip Code<br>24551 |
|           | Purpose of Disbursement<br>POSTAGE   | Amount of Each Disbursement this Period<br><b>451.64</b>  |                   |
|           | Candidate Name   | Category/<br>Type   |                   |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
|           | State: District:   |   |                   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>RST MARKETING ASSOCIATES, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00699<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009                               |                   |
|           | Mailing Address<br>PO BOX 228  |   |                   |
|           | City<br>FOREST   | State<br>VA   | Zip Code<br>24551 |
|           | Purpose of Disbursement<br>POSTAGE   | Amount of Each Disbursement this Period<br><b>2285.88</b>   |                   |
|           | Candidate Name   | Category/<br>Type   |                   |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
|           | State: District:   |   |                   |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>RST MARKETING ASSOCIATES, INC</b>  | <b>Transaction ID:</b> 2009M04L21a00700<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 27 / 2009                               |                   |
|           | Mailing Address<br>PO BOX 228  |   |                   |
|           | City<br>FOREST   | State<br>VA   | Zip Code<br>24551 |
|           | Purpose of Disbursement<br>POSTAGE   | Amount of Each Disbursement this Period<br><b>42572.39</b>  |                   |
|           | Candidate Name   | Category/<br>Type   |                   |
|           | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                   |
|           | State: District:   |   |                   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**45309.91**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1723 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00701  |
|    | Mailing Address PO BOX 228   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period<br>2993.66  |
|    | Purpose of Disbursement<br>PRINT,MAIL PRODUCTION   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00702  |
|    | Mailing Address PO BOX 228   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period<br>3411.89  |
|    | Purpose of Disbursement<br>PRINT,MAIL PRODUCTION   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00703  |
|    | Mailing Address PO BOX 228   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009  |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period<br>3753.00  |
|    | Purpose of Disbursement<br>PRINT,MAIL PRODUCTION   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**10158.55**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement PRINT,MAIL PRODUCTION<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00704<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>6051.12 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement PRINT,MAIL PRODUCTION<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00705<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>6989.30 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC<br><hr/> Mailing Address PO BOX 228<br><hr/> City FOREST State VA Zip Code 24551<br><hr/> Purpose of Disbursement PRINT,MAIL PRODUCTION<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00706<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>7478.69 |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 20519.11 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00707<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="300.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00708<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="874.01"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00709<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="1149.84"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2323.85"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1726 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00710<br>Date of Disbursement   |
|    | Mailing Address<br>ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD  | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>                          |
|    | City: FOREST State: VA Zip Code: 24551   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement: POSTAGE   | <input type="text" value="1355.60"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00711<br>Date of Disbursement   |
|    | Mailing Address<br>ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD  | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City: FOREST State: VA Zip Code: 24551   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement: POSTAGE   | <input type="text" value="1547.84"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00712<br>Date of Disbursement   |
|    | Mailing Address<br>ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD  | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City: FOREST State: VA Zip Code: 24551   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement: POSTAGE   | <input type="text" value="1664.76"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4568.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00713<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="2205.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00714<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="2825.60"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC   | Transaction ID: 2009M04L21a00715<br>Date of Disbursement   |
|    | Mailing Address ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>                          |
|    | City FOREST State VA Zip Code 24551  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement POSTAGE  | <input type="text" value="10729.54"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="15760.14"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1728 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>RST MARKETING ASSOCIATES, INC  | Transaction ID: 2009M04L21a00716<br>Date of Disbursement<br>03 / 20 / 2009   |
|    | Mailing Address<br>ATTN: LARA BURFORD<br>1272 CORPORATE PARK ROAD   | Amount of Each Disbursement this Period<br>34846.56  |
|    | City<br>FOREST  | State<br>VA  |
|    | Zip Code<br>24551   | Category/<br>Type  |
|    | Purpose of Disbursement<br>POSTAGE  |  |
|    | Candidate Name  |  |
|    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State:<br>District:   |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>SCHINDLER ELEVATOR CORPORATION   | Transaction ID: 2009M04L21a00717<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address<br>P O BOX 93050  | Amount of Each Disbursement this Period<br>2683.93   |
|    | City<br>CHICAGO   | State<br>IL  |
|    | Zip Code<br>60673   | Category/<br>Type  |
|    | Purpose of Disbursement<br>ELEVATOR MAINTENANCE   |  |
|    | Candidate Name  |  |
|    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State:<br>District:   |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>SCHINDLER ELEVATOR CORPORATION   | Transaction ID: 2009M04L21a00718<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address<br>P O BOX 93050  | Amount of Each Disbursement this Period<br>7535.74   |
|    | City<br>CHICAGO   | State<br>IL  |
|    | Zip Code<br>60673   | Category/<br>Type  |
|    | Purpose of Disbursement<br>ELEVATOR MAINTENANCE   |  |
|    | Candidate Name  |  |
|    | Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
|    | State:<br>District:   |  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 45066.23 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1729 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00719</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>AT &amp; T MOBILITY</p> <p>Mailing Address P O BOX 6463</p> <p>City CAROL STREAM State IL Zip Code 60197</p> <p>Purpose of Disbursement INTERNET SERVICES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00719m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement METROFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00720</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="6.60"/></p>                             |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**81.60**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1730 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00721</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">16.65</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 16.65 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 16.65  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CVS PHARMACY, FALLS CHURCH VA</p> <p>Mailing Address 1150 WEST BROAD ST</p> <p>City FALLS CHURCH State VA Zip Code 22046</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00721m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">16.65</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 16.65 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 16.65  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00722</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>1</td><td>/</td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">39.99</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 1 | / | 2 | 0 | 9 |  | 39.99 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 0  | 3   | / | 1 | 1 | / | 2 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |  |       |
| 39.99  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |       |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>56.64</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1731 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RAMKA, LTD  | Transaction ID: 2009M04L21a00722m                        |
|    | Mailing Address INTERNET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City LIVE, UKRAINE State ZZ Zip Code   | Amount of Each Disbursement this Period<br>39.99         |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>GORDON SCHOEPFLE  | Transaction ID: 2009M04L21a00723                         |
|    | Mailing Address 6520 CHESTERFIELD AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City MCLEAN State VA Zip Code 22101  | Amount of Each Disbursement this Period<br>83.16         |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ITUNES, MCLEAN VA   | Transaction ID: 2009M04L21a00723m                        |
|    | Mailing Address 6520 CHESTERFIELD AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City MCLEAN State VA Zip Code 22101  | Amount of Each Disbursement this Period<br>83.16         |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 83.16 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1732 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00724</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.04"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>STAPLES, WASHINGTON DC</p> <p>Mailing Address 1250 H ST NW STE 100</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00724m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="88.04"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GORDON SCHOEPFLE</p> <p>Mailing Address 6520 CHESTERFIELD AVE</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00725</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="115.71"/></p>                           |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="203.75"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STAPLES, WASHINGTON DC  | Transaction ID: 2009M04L21a00725m                        |
|    | Mailing Address 1250 H ST NW STE 100   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City WASHINGTON State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>115.71        |
|    | Purpose of Disbursement OFFICE SUPPLIES  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>GORDON SCHOEPFLE  | Transaction ID: 2009M04L21a00726                         |
|    | Mailing Address 6520 CHESTERFIELD AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009 |
|    | City MCLEAN State VA Zip Code 22101  | Amount of Each Disbursement this Period<br>135.00        |
|    | Purpose of Disbursement PARKING  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>GORDON SCHOEPFLE  | Transaction ID: 2009M04L21a00727                         |
|    | Mailing Address 6520 CHESTERFIELD AVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009 |
|    | City MCLEAN State VA Zip Code 22101  | Amount of Each Disbursement this Period<br>150.00        |
|    | Purpose of Disbursement PARKING  | [MEMO ITEM]  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President               |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |
|    | State: District:   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 285.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1734 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>SECURITAS SECURITY SERVICES   | Transaction ID: 2009M04L21a00728<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address USA, INC.<br>P O BOX 403412  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City ATLANTA State GA Zip Code 30384-3412  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement SECURITY SERVICES<br>Candidate Name  | <table border="1"><tr><td>6372.72</td></tr></table>  | 6372.72 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6372.72 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>SECURITAS SECURITY SERVICES   | Transaction ID: 2009M04L21a00729<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address USA, INC.<br>P O BOX 403412  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 0       | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City ATLANTA State GA Zip Code 30384-3412  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement SECURITY SERVICES<br>Candidate Name  | <table border="1"><tr><td>6410.88</td></tr></table>  | 6410.88 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6410.88 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>SECURITAS SECURITY SERVICES   | Transaction ID: 2009M04L21a00730<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address USA, INC.<br>P O BOX 403412  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City ATLANTA State GA Zip Code 30384-3412  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement SECURITY SERVICES<br>Candidate Name  | <table border="1"><tr><td>6410.88</td></tr></table>  | 6410.88 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6410.88 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>19194.48</td></tr></table> | 19194.48 |
| 19194.48   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SECURITAS SECURITY SERVICES</p> <p>Mailing Address USA, INC.<br/>P O BOX 403412</p> <p>City ATLANTA State GA Zip Code 30384-3412</p> <p>Purpose of Disbursement<br/>SECURITY SERVICES-VENDOR CREDIT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00731<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>-114.48</p>                           |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JENNIFER SHEEHAN</p> <p>Mailing Address 1341 CORCORAN ST NW APT B</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement<br/>BAR DUES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00732<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>675.00</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DC COURT OF APPEALS</p> <p>Mailing Address COMM ON ADMISSIONS<br/>500 INDIANA AVE NW, ROOM 4200</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>BAR DUES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00732m<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>675.00</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

560.52

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1736 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JENNIFER SHEEHAN</p> <p>Mailing Address 1341 CORCORAN ST NW APT B</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>        | <p><b>Transaction ID:</b> 2009M04L21a00733</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">42.97</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 42.97 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 42.97   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>GOOD STUFF, WASHINGTON DC</p> <p>Mailing Address 303 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21a00733m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">42.97</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 | 9 | 42.97 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 42.97   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JENNIFER SHEEHAN</p> <p>Mailing Address 1341 CORCORAN ST NW APT B</p> <p>City WASHINGTON State DC Zip Code 20009</p> <p>Purpose of Disbursement PARKING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>      | <p><b>Transaction ID:</b> 2009M04L21a00734</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">48.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 48.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 48.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**90.97**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JENNIFER SHEEHAN  | Transaction ID: 2009M04L21a00735<br>Date of Disbursement   |
|    | Mailing Address 1341 CORCORAN ST NW APT B  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="48.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>JENNIFER SHEEHAN  | Transaction ID: 2009M04L21a00736<br>Date of Disbursement   |
|    | Mailing Address 1341 CORCORAN ST NW APT B  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PARKING  | <input type="text" value="60.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JENNIFER SHEEHAN  | Transaction ID: 2009M04L21a00737<br>Date of Disbursement   |
|    | Mailing Address 1341 CORCORAN ST NW APT B  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TAXI   | <input type="text" value="7.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="115.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>HEATHER SIDWELL   | Transaction ID: 2009M04L21a00738<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 3731 JENIFER ST NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20015  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement MEALS  | <table border="1"><tr><td>28.60</td></tr></table>  | 28.60 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 28.60 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.    | Full Name (Last, First, Middle Initial)<br>DOMINO'S PIZZA, WASHINGTON DC   | Transaction ID: 2009M04L21a00738m<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 1500 PENNSYLVANIA AVE SE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement MEALS  | <table border="1"><tr><td>28.60</td></tr></table>  | 28.60 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 28.60 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

[MEMO ITEM]

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>HEATHER SIDWELL   | Transaction ID: 2009M04L21a00739<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 3731 JENIFER ST NW   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 0     | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City WASHINGTON State DC Zip Code 20015  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TAXI   | <table border="1"><tr><td>19.00</td></tr></table>  | 19.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 19.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>47.60</td></tr></table> | 47.60 |
| 47.60  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1740 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.    | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00743<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DATA STORAGE   | <table border="1"><tr><td>23.23</td></tr></table>  | 23.23 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 23.23 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| B.    | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00744<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DOMAIN NAME REGISTRATION   | <table border="1"><tr><td>53.85</td></tr></table>  | 53.85 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 53.85 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| C.    | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00745<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement DOMAIN NAME REGISTRATION   | <table border="1"><tr><td>95.95</td></tr></table>  | 95.95 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 95.95 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>173.03</td></tr></table> | 173.03 |
| 173.03   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1741 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00746<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>598.65  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement EMAIL HOSTING  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00747<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>819.65  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement EMAIL SERVICES   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00748<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>819.65  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement EMAIL SERVICES   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2237.95

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00752<br>Date of Disbursement   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="2009"/>                            |
|    | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement WEB HOSTING  | <input type="text" value="1950.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00753<br>Date of Disbursement   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <input type="text" value="03"/> <input type="text" value="05"/> / <input type="text" value="2009"/>                            |
|    | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement WEB HOSTING  | <input type="text" value="3540.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00754<br>Date of Disbursement   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="2009"/>                            |
|    | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement WEB HOSTING  | <input type="text" value="3540.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="9030.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1745 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00758<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>30257.50  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement WEB HOSTING  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00759<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>47950.00  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement WEB HOSTING  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00760<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | Amount of Each Disbursement this Period<br>47950.00  |
|    | City CHATTANOOGA State TN Zip Code 37401   |  |
|    | Purpose of Disbursement WEB HOSTING  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 126157.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |           |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1746 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.       | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00761<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 0        | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement WEB HOSTING  | <table border="1"><tr><td>55552.50</td></tr></table>   | 55552.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 55552.50 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|          |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|----------|--|--|----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.       | Full Name (Last, First, Middle Initial)<br>SMARTECH CORPORATION  | Transaction ID: 2009M04L21a00762<br>Date of Disbursement   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Mailing Address A DIVISION OF AIRNET GROUP, INC<br>PO BOX 11181  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M        | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M        | M  | /  | D        | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0        | 3  |  | 1        | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|          | City CHATTANOOGA State TN Zip Code 37401   | Amount of Each Disbursement this Period  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Purpose of Disbursement WEB HOSTING  | <table border="1"><tr><td>55552.50</td></tr></table>   | 55552.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 55552.50 |  |  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Candidate Name   | Category/Type  |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|          | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |          |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00763<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address 16200 BRANCH CT  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 1    | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement OFFICE SUPPLIES  | <table border="1"><tr><td>3.50</td></tr></table>   | 3.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3.50 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |           |
|--|---|-----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>111108.50</td></tr></table> | 111108.50 |
| 111108.50  |   |           |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>          |           |
|  |   |           |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1747 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00764   |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.50  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00765   |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.50  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00766   |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.50  |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1748 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00767  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.50                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00768  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00769  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10.52 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
|--|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SNOW VALLEY, INC</p> <p>Mailing Address 16200 BRANCH CT</p> <p>City UPPER MARLBORO State MD Zip Code 20774</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00770</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">3.51</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 3.51 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 3.51   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SNOW VALLEY, INC</p> <p>Mailing Address 16200 BRANCH CT</p> <p>City UPPER MARLBORO State MD Zip Code 20774</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00771</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">3.51</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 3.51 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 3.51   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SNOW VALLEY, INC</p> <p>Mailing Address 16200 BRANCH CT</p> <p>City UPPER MARLBORO State MD Zip Code 20774</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00772</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">3.51</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |  | 3.51 |
| M  | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 0  | 3  |   | 1 | 1 |   | 2 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |  |      |
| 3.51   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |  |      |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10.53</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
SNOW VALLEY, INC

Transaction ID: 2009M04L21a00773  
Date of Disbursement

Mailing Address 16200 BRANCH CT

/   /

City UPPER MARLBORO State MD Zip Code 20774

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
SNOW VALLEY, INC

Transaction ID: 2009M04L21a00774  
Date of Disbursement

Mailing Address 16200 BRANCH CT

/   /

City UPPER MARLBORO State MD Zip Code 20774

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
SNOW VALLEY, INC

Transaction ID: 2009M04L21a00775  
Date of Disbursement

Mailing Address 16200 BRANCH CT

/   /

City UPPER MARLBORO State MD Zip Code 20774

Amount of Each Disbursement this Period

Purpose of Disbursement  
OFFICE SUPPLIES

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1751 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00776  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |
| B. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00777  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |
| C. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00778  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>10.53</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00779  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>3.51                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>SNOW VALLEY, INC  | Transaction ID: 2009M04L21a00780  |
|    | Mailing Address 16200 BRANCH CT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009                            |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>7.00                                     |
|    | Purpose of Disbursement OFFICE SUPPLIES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>THE SORRENTO GROUP  | Transaction ID: 2009M04L21a00781  |
|    | Mailing Address PO BOX 10806   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009                            |
|    | City PORTLAND State ME Zip Code 04104  | Amount of Each Disbursement this Period<br>10000.00                                 |
|    | Purpose of Disbursement POLITICAL CONSULTING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 10010.51 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |          |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1753 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>SPALDING GROUP<br><hr/> Mailing Address 2306 FRANKFORT AVE<br><hr/> City LOUISVILLE State KY Zip Code 40206<br><hr/> Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | Transaction ID: 2009M04L21a00782<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9                            |
|   | Amount of Each Disbursement this Period<br>3734.42  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SPRING RIVER GOLF COURSE<br><hr/> Mailing Address 1612 WEST EIGHT STREET<br><hr/> City ROSWELL State NM Zip Code 88201<br><hr/> Purpose of Disbursement EQUIPMENT RENTAL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00783<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9                            |
|   | Amount of Each Disbursement this Period<br>200.00   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>STANLEY SECURITY SOLUTIONS INC<br><hr/> Mailing Address DEPT CH 14202<br><hr/> City PALATINE State IL Zip Code 60055<br><hr/> Purpose of Disbursement KEYS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼               | Transaction ID: 2009M04L21a00784<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9                            |
|   | Amount of Each Disbursement this Period<br>207.06   |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 4141.48 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1754 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SHAWN STEEL   | Transaction ID: 2009M04L21a00785   |
|    | Mailing Address 27520 HAWTHORNE BLVD STE 270   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PALOS VERDES State CA Zip Code 90274  | Amount of Each Disbursement this Period<br>401.20  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>EXPEDIA   | Transaction ID: 2009M04L21a00785m  |
|    | Mailing Address 10190 COVINGTON CROSS DR   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City LAS VEGAS State NV Zip Code 89144   | Amount of Each Disbursement this Period<br>401.20  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>SHAWN STEEL   | Transaction ID: 2009M04L21a00786   |
|    | Mailing Address 27520 HAWTHORNE BLVD STE 270   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009   |
|    | City PALOS VERDES State CA Zip Code 90274  | Amount of Each Disbursement this Period<br>688.20  |
|    | Purpose of Disbursement AIR FARE<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1089.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1755 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>UNITED AIRLINES</p> <p>Mailing Address PO BOX 2013</p> <p>City CHICAGO State IL Zip Code 60673</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 2009M04L21a00786m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="688.20"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SHAWN STEEL</p> <p>Mailing Address 27520 HAWTHORNE BLVD STE 270</p> <p>City PALOS VERDES State CA Zip Code 90274</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00787</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="784.20"/></p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>UNITED AIRLINES</p> <p>Mailing Address PO BOX 2013</p> <p>City CHICAGO State IL Zip Code 60673</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 2009M04L21a00787m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="784.20"/></p> <p><b>[MEMO ITEM]</b></p> |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="784.20"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1756 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SHAWN STEEL</p> <p>Mailing Address 27520 HAWTHORNE BLVD STE 270</p> <p>City PALOS VERDES State CA Zip Code 90274</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00788<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>114.54</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>WESTIN GRAND WASHINGTON DC</p> <p>Mailing Address 2350 M ST NW</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> 2009M04L21a00788m<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>114.54</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>SHAWN STEEL</p> <p>Mailing Address 27520 HAWTHORNE BLVD STE 270</p> <p>City PALOS VERDES State CA Zip Code 90274</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00789<br/><b>Date of Disbursement</b><br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>125.94</p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

240.48

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1757 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HILTON WASHINGTON EMBASSY ROW<br>Mailing Address 2015 MASS AVE NW<br>City WASHINGTON State DC Zip Code 20036<br>Purpose of Disbursement<br>LODGING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00789m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>125.94<br>[MEMO ITEM]  |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>SHAWN STEEL<br>Mailing Address 27520 HAWTHORNE BLVD STE 270<br>City PALOS VERDES State CA Zip Code 90274<br>Purpose of Disbursement<br>TAXI<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00790<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>130.10  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>SHAWN STEEL<br>Mailing Address 27520 HAWTHORNE BLVD STE 270<br>City PALOS VERDES State CA Zip Code 90274<br>Purpose of Disbursement<br>TAXI<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00791<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>135.50  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 265.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00792   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>03 / 05 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>21.00   |
|    | Purpose of Disbursement FUEL   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00793   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>03 / 05 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>245.31  |
|    | Purpose of Disbursement LODGING  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL SUITES   | Transaction ID: 2009M04L21a00793m  |
|    | Mailing Address 200 C. STREET SE   | Date of Disbursement<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>245.31  |
|    | Purpose of Disbursement LODGING  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 266.31 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1759 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00794<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3101 HEMLOCK HILLS LN  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement LODGING  | <table border="1"><tr><td>518.44</td></tr></table>   | 518.44 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 518.44 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>CROWNE PLAZA, ALEXANDRIA VA   | Transaction ID: 2009M04L21a00794m<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 901 N FAIRFAX ST   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement LODGING  | <table border="1"><tr><td>518.44</td></tr></table>   | 518.44 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 518.44 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

[MEMO ITEM]

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00795<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3101 HEMLOCK HILLS LN  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement LODGING  | <table border="1"><tr><td>804.58</td></tr></table>   | 804.58 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 804.58 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>1323.02</td></tr></table> | 1323.02 |
| 1323.02  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1760 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
HOLIDAY INN HISTORICAL ALEX.

Mailing Address 625 FIRST STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00795m  
Date of Disbursement

MM / DD / YYYY  
03 / 05 / 2009

Amount of Each Disbursement this Period

804.58

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
MARK STEPHENS

Mailing Address 3101 HEMLOCK HILLS LN

City APEX State NC Zip Code 27539

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00796  
Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2009

Amount of Each Disbursement this Period

957.24

C.

Full Name (Last, First, Middle Initial)  
CAPITOL HILL SUITES

Mailing Address 200 C. STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L21a00796m  
Date of Disbursement

MM / DD / YYYY  
03 / 20 / 2009

Amount of Each Disbursement this Period

957.24

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

957.24

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00797<br/><b>Date of Disbursement</b><br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1441.86</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL SUITES</p> <p>Mailing Address 200 C. STREET SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00797m<br/><b>Date of Disbursement</b><br/>03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1441.86</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00798<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4.46</p>                               |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 1446.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1762 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
MCDONALD'S, HENDERSON NC

Transaction ID: 2009M04L21a00798m  
Date of Disbursement

Mailing Address 1421 ANDREWS AVENUE

03 / 05 / 2009

City HENDERSON State NC Zip Code 27536

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

4.46

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

[MEMO ITEM]

State: District:

B.

Full Name (Last, First, Middle Initial)  
MARK STEPHENS

Transaction ID: 2009M04L21a00799  
Date of Disbursement

Mailing Address 3101 HEMLOCK HILLS LN

03 / 05 / 2009

City APEX State NC Zip Code 27539

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

5.37

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
MCDONALD'S, ASHLAND VA

Transaction ID: 2009M04L21a00799m  
Date of Disbursement

Mailing Address 103 S CARTER RD

03 / 05 / 2009

City ASHLAND State VA Zip Code 23005

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

5.37

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

5.37

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00800   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>12.75   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>POTBELLY, WASHINGTON DC   | Transaction ID: 2009M04L21a00800m  |
|    | Mailing Address 409 3RD STREET SW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period<br>12.75   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00801   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>16.03   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 28.78 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HOLIDAY INN HISTORICAL ALEX.<br><hr/> Mailing Address 625 FIRST STREET<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00801m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>16.03<br><br><b>[MEMO ITEM]</b>                         |

|   |   |
|---|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MARK STEPHENS<br><hr/> Mailing Address 3101 HEMLOCK HILLS LN<br><hr/> City APEX State NC Zip Code 27539<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00802<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2009 |
|   | Amount of Each Disbursement this Period<br>16.50<br><br><b>[MEMO ITEM]</b>                        |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>POURHOUSE, WASHINGTON DC<br><hr/> Mailing Address 319 PENN AVE SE<br><hr/> City WASHINGTON State DC Zip Code 20003<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00802m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 20 / 2009 |
|  | Amount of Each Disbursement this Period<br>16.50<br><br><b>[MEMO ITEM]</b>                         |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 16.50       |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1765 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00803<br/><b>Date of Disbursement:</b> 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>22.72</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00803m<br/><b>Date of Disbursement:</b> 03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>22.72</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21a00804<br/><b>Date of Disbursement:</b> 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period<br/>23.20</p>                            |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

45.92

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1766 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TORTILLA COAST, WASHINGTON DC</p> <p>Mailing Address 400 FIRST ST SE</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00804m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">23.20</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 2 |  | 2 | 0 | 0 | 9 | 23.20 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 23.20   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00805</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">23.61</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 23.61 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 23.61   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CROWNE PLAZA, ALEXANDRIA VA</p> <p>Mailing Address 901 N FAIRFAX ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00805m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">23.61</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 | 9 | 23.61 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 23.61   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 23.61 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00806<br>Date of Disbursement<br>03 / 20 / 2009   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Amount of Each Disbursement this Period<br>31.94   |
|    | City APEX State NC Zip Code 27539  |  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TAVERNA THE GREEK ISLANDS   | Transaction ID: 2009M04L21a00806m<br>Date of Disbursement<br>03 / 20 / 2009  |
|    | Mailing Address 305 PENN AVE SE  | Amount of Each Disbursement this Period<br>31.94   |
|    | City WASHINGTON State DC Zip Code 20003  |  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00807<br>Date of Disbursement<br>03 / 20 / 2009   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Amount of Each Disbursement this Period<br>32.28   |
|    | City APEX State NC Zip Code 27539  |  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 64.22 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1768 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>TORTILLA COAST, WASHINGTON DC  | Transaction ID: 2009M04L21a00807m                        |
|    | Mailing Address 400 FIRST ST SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|    | City WASHINGTON State DC Zip Code 20016   | Amount of Each Disbursement this Period<br>32.28         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS  | Transaction ID: 2009M04L21a00808                         |
|    | Mailing Address 3101 HEMLOCK HILLS LN   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|    | City APEX State NC Zip Code 27539   | Amount of Each Disbursement this Period<br>32.55         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>TAVERNA THE GREEK ISLANDS  | Transaction ID: 2009M04L21a00808m                        |
|    | Mailing Address 305 PENN AVE SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 12 / 2009 |
|    | City WASHINGTON State DC Zip Code 20003   | Amount of Each Disbursement this Period<br>32.55         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 32.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1769 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00809   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 12 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>33.49   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>HAWK & DOVE, WASHINGTON DC  | Transaction ID: 2009M04L21a00809m  |
|    | Mailing Address 329 PENNSYLVANIA AVE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 12 / 2009   |
|    | City WASHINGTON State DC Zip Code 20036  | Amount of Each Disbursement this Period<br>33.49   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00810   |
|    | Mailing Address 3101 HEMLOCK HILLS LN  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period<br>36.20   |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 69.69 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1770 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CHINATOWN EXPRESS REST, WDC</p> <p>Mailing Address 744-746 6TH ST NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00810m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">36.20</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 36.20 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 36.20   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00811</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">40.48</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 40.48 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 40.48   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>I.H.O.P. #578</p> <p>Mailing Address 3425 A JEFFERSON DAVIS HWY</p> <p>City ALEXNADRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a00811m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">40.48</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 40.48 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 40.48   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|       |
|-------|
| 40.48 |
|-------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1771 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |   |             |
|-----------|--|---|-------------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>MARK STEPHENS</b>  | <b>Transaction ID:</b> 2009M04L21a00812<br>Date of Disbursement<br>03 / 26 / 2009   |             |
|           | Mailing Address 3101 HEMLOCK HILLS LN  |   |             |
|           | City APEX State NC Zip Code 27539<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>54.84  |             |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>TAVERNA THE GREEK ISLANDS</b>  | <b>Transaction ID:</b> 2009M04L21a00812m<br>Date of Disbursement<br>03 / 26 / 2009  |             |
|           | Mailing Address 305 PENN AVE SE  |   |             |
|           | City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>54.84  |             |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>MARK STEPHENS</b>  | <b>Transaction ID:</b> 2009M04L21a00813<br>Date of Disbursement<br>03 / 20 / 2009   |             |
|           | Mailing Address 3101 HEMLOCK HILLS LN  |   |             |
|           | City APEX State NC Zip Code 27539<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>56.10  |             |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>110.94</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1772 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|-------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SONOMA, WASHINGTON DC</p> <p>Mailing Address 223 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00813m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">56.10</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 0 |  | 2 | 0 | 0 | 9 | 56.10 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 2 | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 56.10   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                 | <p><b>Transaction ID:</b> 2009M04L21a00814</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">57.03</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 2 |  | 2 | 0 | 0 | 9 | 57.03 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 57.03   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BOBBY VANS GRILLE, WDC</p> <p>Mailing Address 1201 NEW YORK AVE NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00814m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">57.03</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 2 |  | 2 | 0 | 0 | 9 | 57.03 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 0   | 3  |   | 1 | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |       |
| 57.03   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |       |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 57.03 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1773 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MARK STEPHENS<br><hr/> Mailing Address 3101 HEMLOCK HILLS LN<br><hr/> City APEX State NC Zip Code 27539<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00815<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>57.13  |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>ASIAN BISTRO ALEXANDRIA,VA<br><hr/> Mailing Address 809 KING STREET<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00815m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>57.13  |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MARK STEPHENS<br><hr/> Mailing Address 3101 HEMLOCK HILLS LN<br><hr/> City APEX State NC Zip Code 27539<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00816<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 0 / 2 0 0 9  |
|  | Amount of Each Disbursement this Period<br>62.25  |
|  | Category/<br>Type   |
|  | [MEMO ITEM]   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 119.38 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1774 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>DC COAST RESTAURANT, WDC   | Transaction ID: 2009M04L21a00816m                        |
|    | Mailing Address 1401 K ST NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 20 / 2009 |
|    | City WASHINGTON State DC Zip Code 20036   | Amount of Each Disbursement this Period<br>62.25         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS  | Transaction ID: 2009M04L21a00817                         |
|    | Mailing Address 3101 HEMLOCK HILLS LN   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City APEX State NC Zip Code 27539   | Amount of Each Disbursement this Period<br>73.02         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>BERTUCCI'S BRICKOVEN   | Transaction ID: 2009M04L21a00817m                        |
|    | Mailing Address 725 KING STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009 |
|    | City ALEXANDRIA State VA Zip Code 22314   | Amount of Each Disbursement this Period<br>73.02         |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 73.02 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1775 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |             |
|----|--|---|-------------|
| A. | Full Name (Last, First, Middle Initial)<br><b>MARK STEPHENS</b>  | <b>Transaction ID:</b> 2009M04L21a00818<br>Date of Disbursement<br>03 / 12 / 2009   |             |
|    | Mailing Address 3101 HEMLOCK HILLS LN  |   |             |
|    | City APEX State NC Zip Code 27539<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>160.31   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |
| B. | Full Name (Last, First, Middle Initial)<br><b>CAPITOL HILL CLUB</b>  | <b>Transaction ID:</b> 2009M04L21a00818m<br>Date of Disbursement<br>03 / 12 / 2009  |             |
|    | Mailing Address 300 FIRST STREET, SE   |   |             |
|    | City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>160.31   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |
| C. | Full Name (Last, First, Middle Initial)<br><b>MARK STEPHENS</b>  | <b>Transaction ID:</b> 2009M04L21a00819<br>Date of Disbursement<br>03 / 20 / 2009   |             |
|    | Mailing Address 3101 HEMLOCK HILLS LN  |   |             |
|    | City APEX State NC Zip Code 27539<br>Purpose of Disbursement MEALS<br>Candidate Name   | Amount of Each Disbursement this Period<br>175.22   |             |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>335.53</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |               |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1776 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CAPITOL HILL CLUB</p> <p>Mailing Address 300 FIRST STREET, SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00819m</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>2</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">175.22</td> </tr> </table> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 2 | 0 | / | 2 | 0 | 0 | 9 | 175.22 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 2 | 0 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 175.22   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00820</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">308.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | 308.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 308.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement MILEAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00821</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>0</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">308.00</td> </tr> </table>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 0 | 5 | / | 2 | 0 | 0 | 9 | 308.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 0  | 3   | / | 0 | 5 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |        |
| 308.00   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |        |

|   |   |        |
|---|---|--------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <table border="1"> <tr> <td style="font-weight: bold;">616.00</td> </tr> </table> | 616.00 |
| 616.00  |   |        |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>            |        |
|   |   |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1777 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00822<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3101 HEMLOCK HILLS LN  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 2 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 2 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement MILEAGE  | <table border="1"><tr><td>308.00</td></tr></table>   | 308.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 308.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00823<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3101 HEMLOCK HILLS LN  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 0 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement MILEAGE  | <table border="1"><tr><td>308.00</td></tr></table>   | 308.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 308.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>MARK STEPHENS   | Transaction ID: 2009M04L21a00824<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3101 HEMLOCK HILLS LN  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 2      | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City APEX State NC Zip Code 27539  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement MILEAGE  | <table border="1"><tr><td>308.00</td></tr></table>   | 308.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 308.00 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>924.00</td></tr></table> | 924.00 |
| 924.00   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1778 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00825</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="9.00"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00826</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="20.00"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MARK STEPHENS</p> <p>Mailing Address 3101 HEMLOCK HILLS LN</p> <p>City APEX State NC Zip Code 27539</p> <p>Purpose of Disbursement TAXI</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00827</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="40.00"/></p> |

|  |                                    |
|--|------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="69.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JOHN ST.MARTIN</p> <p>Mailing Address 8929 ALLISTON HOLLOW WAY</p> <p>City GAITHERSBURG State MD Zip Code 20879</p> <p>Purpose of Disbursement<br/>STAFF CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00828</p> <p>Date of Disbursement<br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JOHN ST.MARTIN</p> <p>Mailing Address 8929 ALLISTON HOLLOW WAY</p> <p>City GAITHERSBURG State MD Zip Code 20879</p> <p>Purpose of Disbursement<br/>STAFF CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21a00829</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>STRATEGCO, LLC</p> <p>Mailing Address 901 7TH ST NW SUITE 200</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement<br/>CONSULTING-STAFF ASSISTANT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00830</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>12000.00</p> |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>22000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00831<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="172.50"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00832<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="370.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00833<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="410.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="952.50"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00837<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="822.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00838<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="995.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00839<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="1026.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="2843.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00840<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7591 9TH STREET NORTH  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement TELEMARKETING  | <table border="1"><tr><td>1070.00</td></tr></table>  | 1070.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1070.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00841<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7591 9TH STREET NORTH  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement TELEMARKETING  | <table border="1"><tr><td>1096.00</td></tr></table>  | 1096.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1096.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00842<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 7591 9TH STREET NORTH  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 3       | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement TELEMARKETING  | <table border="1"><tr><td>1217.00</td></tr></table>  | 1217.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1217.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3383.00</td></tr></table> | 3383.00 |
| 3383.00  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00843<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="1379.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00844<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="1775.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00845<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="1970.50"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="5124.50"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00846<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="5649.80"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00847<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="16545.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00848<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="20799.50"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="42994.30"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1786 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br><b>STRATEGIC FUNDRAISING</b>  | <b>Transaction ID:</b> 2009M04L21a00849  |
|    | Mailing Address 7591 9TH STREET NORTH  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period<br>28688.40  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br><b>STRATEGIC FUNDRAISING</b>  | <b>Transaction ID:</b> 2009M04L21a00850  |
|    | Mailing Address 7591 9TH STREET NORTH  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period<br>30423.98  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br><b>STRATEGIC FUNDRAISING</b>  | <b>Transaction ID:</b> 2009M04L21a00851  |
|    | Mailing Address 7591 9TH STREET NORTH  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period<br>48774.50  |
|    | Purpose of Disbursement<br>TELEMARKETING   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                  |
|--|------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>107886.88</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                  |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1787 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00852<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="51182.94"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>STRATEGIC FUNDRAISING   | Transaction ID: 2009M04L21a00853<br>Date of Disbursement   |
|    | Mailing Address 7591 9TH STREET NORTH  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City SAINT PAUL State MN Zip Code 55128  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TELEMARKETING  | <input type="text" value="65075.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ST REGIS, WASHINGTON DC   | Transaction ID: 2009M04L21a00854<br>Date of Disbursement   |
|    | Mailing Address 923 16TH AND K ST NW   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20006  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement LODGING  | <input type="text" value="2727.96"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="118985.90"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1788 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>THOMPSON WEST   | Transaction ID: 2009M04L21a00855<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address WEST PAYMENT CENTER<br>PO BOX 6292   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City CAROL STREAM State IL Zip Code 60197  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement ONLINE CHARGES   | <table border="1"><tr><td>5643.07</td></tr></table>  | 5643.07 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5643.07 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>THOMPSON WEST   | Transaction ID: 2009M04L21a00856<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address WEST PAYMENT CENTER<br>PO BOX 6292   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City CAROL STREAM State IL Zip Code 60197  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement SUBSCRIPTION   | <table border="1"><tr><td>178.19</td></tr></table>   | 178.19 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 178.19 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   | <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>THYSSEN KRUPP ELEVATOR  | Transaction ID: 2009M04L21a00857<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P O BOX 933007   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 0       | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City ATLANTA State GA Zip Code 31193-3007  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement MAINTENANCE  | <table border="1"><tr><td>5081.46</td></tr></table>  | 5081.46 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 5081.46 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |          |
|--|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>10902.72</td></tr></table> | 10902.72 |
| 10902.72   |  |          |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>         |          |
|  |  |          |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1790 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|--------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ALASKA AIRLINES INC</p> <p>Mailing Address 20833 INTERNATIONAL BLVD</p> <p>City SEATTLE State WA Zip Code 98198</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00859m</p> <p>Date of Disbursement<br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>395.40</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 395.40 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 395.40   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BOB TIERMAN</p> <p>Mailing Address 205 EVERGREEN STREET</p> <p>City LAKE OSNEGO State OR Zip Code 97034</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>         | <p><b>Transaction ID:</b> 2009M04L21a00860</p> <p>Date of Disbursement<br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>555.40</td> </tr> </table> </p>                            | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 555.40 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 555.40   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ALASKA AIRLINES INC</p> <p>Mailing Address 20833 INTERNATIONAL BLVD</p> <p>City SEATTLE State WA Zip Code 98198</p> <p>Purpose of Disbursement AIR FARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00860m</p> <p>Date of Disbursement<br/> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period<br/> <table border="1"> <tr> <td>555.40</td> </tr> </table> </p> <p><b>[MEMO ITEM]</b></p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 | 9 | 555.40 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 0  | 3   |   | 0 | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |        |
| 555.40   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |        |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**555.40**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>BOB TIERMAN   | Transaction ID: 2009M04L21a00861  |
|    | Mailing Address 205 EVERGREEN STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009                            |
|    | City LAKE OSNEGO State OR Zip Code 97034   | Amount of Each Disbursement this Period<br>717.93                                   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>CAPITOL HILL SUITES   | Transaction ID: 2009M04L21a00861m   |
|    | Mailing Address 200 C. STREET SE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009                            |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>717.93                                   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

[MEMO ITEM]

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>BOB TIERMAN   | Transaction ID: 2009M04L21a00862  |
|    | Mailing Address 205 EVERGREEN STREET   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009                            |
|    | City LAKE OSNEGO State OR Zip Code 97034   | Amount of Each Disbursement this Period<br>25.90                                    |
|    | Purpose of Disbursement<br>MEALS   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 743.83 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1792 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>OYAMEL, WASHINGTON DC<br><hr/> Mailing Address 401 7TH ST NW<br><hr/> City WASHINGTON State DC Zip Code 20004<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: 2009M04L21a00862m<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>25.90<br><hr/> [MEMO ITEM]  |
| B. | Full Name (Last, First, Middle Initial)<br>BOB TIERMAN<br><hr/> Mailing Address 205 EVERGREEN STREET<br><hr/> City LAKE OSNEGO State OR Zip Code 97034<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                   | Transaction ID: 2009M04L21a00863<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>101.60<br><hr/> [MEMO ITEM]  |
| C. | Full Name (Last, First, Middle Initial)<br>THE CAPITAL GRILLE WASH, DC<br><hr/> Mailing Address 601 PENNSYLVANIA AVE NW<br><hr/> City WASHINGTON State DC Zip Code 20004<br><hr/> Purpose of Disbursement MEALS<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00863m<br>Date of Disbursement<br>03 / 05 / 2009<br><hr/> Amount of Each Disbursement this Period<br>101.60<br><hr/> [MEMO ITEM] |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 101.60 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
BOB TIERMAN

Transaction ID: 2009M04L21a00864  
Date of Disbursement

Mailing Address 205 EVERGREEN STREET

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

City LAKE OSNEGO State OR Zip Code 97034

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|        |
|--------|
| 102.31 |
|--------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
TGI FRIDAYS #0792

Transaction ID: 2009M04L21a00864m  
Date of Disbursement

Mailing Address REAGAN NAT'L AIRPORT  
1 AVIATION CIRCLE

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

City WASHINGTON State DC Zip Code 20001

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|        |
|--------|
| 102.31 |
|--------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
BOB TIERMAN

Transaction ID: 2009M04L21a00865  
Date of Disbursement

Mailing Address 205 EVERGREEN STREET

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 |   | 0 | 5 |   | 2 | 0 | 0 | 9 |

City LAKE OSNEGO State OR Zip Code 97034

Amount of Each Disbursement this Period

Purpose of Disbursement  
MEALS

|        |
|--------|
| 102.35 |
|--------|

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶

|        |
|--------|
| 204.66 |
|--------|

TOTAL This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1794 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>MCCORMICK & SCHMICK, WDC   | Transaction ID: 2009M04L21a00865m                        |
|    | Mailing Address 162 K ST NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20006   | Amount of Each Disbursement this Period<br>102.35        |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial)<br>BOB TIERMAN  | Transaction ID: 2009M04L21a00866                         |
|    | Mailing Address 205 EVERGREEN STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City LAKE OSNEGO State OR Zip Code 97034  | Amount of Each Disbursement this Period<br>40.25         |
|    | Purpose of Disbursement MEALS,PARKING<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>NATIONAL AIRPORT GRILL, WDC  | Transaction ID: 2009M04L21a00866m                        |
|    | Mailing Address ONE AVIATION CIRCLE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20001   | Amount of Each Disbursement this Period<br>40.25         |
|    | Purpose of Disbursement MEALS,PARKING<br>Candidate Name   | [MEMO ITEM]  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 40.25 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1795 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>BOB TIERMAN   | Transaction ID: 2009M04L21a00867<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 205 EVERGREEN STREET   | Amount of Each Disbursement this Period<br>33.00   |
|    | City LAKE OSNEGO State OR Zip Code 97034   |  |
|    | Purpose of Disbursement MILEAGE<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TINY JEWEL BOX  | Transaction ID: 2009M04L21a00868<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address 1145 CONNECTICUT AVE 2ND FLOOR   | Amount of Each Disbursement this Period<br>597.49  |
|    | City WASHINGTON State DC Zip Code 20036  |  |
|    | Purpose of Disbursement OFFICE SUPPLIES<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00869<br>Date of Disbursement<br>03 / 11 / 2009   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | Amount of Each Disbursement this Period<br>68.00   |
|    | City BELTSVILLE State MD Zip Code 20705  |  |
|    | Purpose of Disbursement PRINTING COST<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

698.49

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1796 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING<br><hr/> Mailing Address 5760 SUNNYSIDE AVE<br><hr/> City BELTSVILLE State MD Zip Code 20705<br>Purpose of Disbursement PRINTING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00870<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>490.00  |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING<br><hr/> Mailing Address 5760 SUNNYSIDE AVE<br><hr/> City BELTSVILLE State MD Zip Code 20705<br>Purpose of Disbursement PRINTING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00871<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>688.60  |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING<br><hr/> Mailing Address 5760 SUNNYSIDE AVE<br><hr/> City BELTSVILLE State MD Zip Code 20705<br>Purpose of Disbursement PRINTING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00872<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>785.00  |
|  | Category/<br>Type  |
|  | Category/<br>Type  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1963.60

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1797 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00873<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 5760 SUNNYSIDE AVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PRINTING COST  | <table border="1"><tr><td>1360.00</td></tr></table>  | 1360.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1360.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00874<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 5760 SUNNYSIDE AVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 0       | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PRINTING COST  | <table border="1"><tr><td>1385.00</td></tr></table>  | 1385.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1385.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00875<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 5760 SUNNYSIDE AVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 6 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 2       | 6 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PRINTING COST  | <table border="1"><tr><td>1721.40</td></tr></table>  | 1721.40 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1721.40 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>4466.40</td></tr></table> | 4466.40 |
| 4466.40  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1798 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00876<br>Date of Disbursement   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINTING COST  | <input type="text" value="2220.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00877<br>Date of Disbursement   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | <input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2009"/>                          |
|    | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINTING COST  | <input type="text" value="2333.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00878<br>Date of Disbursement   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINTING COST  | <input type="text" value="2385.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="6938.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1799 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00879<br>Date of Disbursement   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | <input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>                          |
|    | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINTING COST  | <input type="text" value="2985.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TODD ALLAN PRINTING   | Transaction ID: 2009M04L21a00880<br>Date of Disbursement   |
|    | Mailing Address 5760 SUNNYSIDE AVE   | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City BELTSVILLE State MD Zip Code 20705  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PRINTING COST  | <input type="text" value="3280.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA LIFE INSURANCE   | Transaction ID: 2009M04L21a00881<br>Date of Disbursement   |
|    | Mailing Address 1150 SOUTH OLIVE STREET  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City LOS ANGELES State CA Zip Code 90015-2211  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement 401K MATCH   | <input type="text" value="4127.65"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="10392.65"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA LIFE INSURANCE   | Transaction ID: 2009M04L21a00882<br>Date of Disbursement   |
|    | Mailing Address 1150 SOUTH OLIVE STREET  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City LOS ANGELES State CA Zip Code 90015-2211  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement 401K MATCH   | <input type="text" value="4367.34"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA LIFE INSURANCE   | Transaction ID: 2009M04L21a00883<br>Date of Disbursement   |
|    | Mailing Address 1150 SOUTH OLIVE STREET  | <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>                          |
|    | City LOS ANGELES State CA Zip Code 90015-2211  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement EMPLOYEE DEDUCTION   | <input type="text" value="9321.66"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA LIFE INSURANCE   | Transaction ID: 2009M04L21a00884<br>Date of Disbursement   |
|    | Mailing Address 1150 SOUTH OLIVE STREET  | <input type="text" value="03"/> / <input type="text" value="11"/> / <input type="text" value="2009"/>                          |
|    | City LOS ANGELES State CA Zip Code 90015-2211  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement EMPLOYEE DEDUCTION   | <input type="text" value="9701.66"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="23390.66"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.     | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA RETIREMENT SRVC  | Transaction ID: 2009M04L21a00885<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>TRANSAMERICA CENTER<br>1150 SOUTH OLIVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>LOS ANGELES  | State<br>CA  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>90015  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>401K MANAGAMENT SVS   | <table border="1"><tr><td>160.50</td></tr></table>   | 160.50 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 160.50 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/<br>Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>TRANSAMERICA RETIREMENT SRVC  | Transaction ID: 2009M04L21a00886<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>TRANSAMERICA CENTER<br>1150 SOUTH OLIVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 0      | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>LOS ANGELES  | State<br>CA  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>90015  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>401K MANAGAMENT SVS   | <table border="1"><tr><td>264.61</td></tr></table>   | 264.61 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 264.61 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/<br>Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.     | Full Name (Last, First, Middle Initial)<br>UPS, PHILADELPHIA PA  | Transaction ID: 2009M04L21a00887<br>Date of Disbursement   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address<br>P O BOX 7247-0244   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City<br>PHILADELPHIA   | State<br>PA  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Zip Code<br>19170-0001   | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>SHIPPING COST   | <table border="1"><tr><td>185.34</td></tr></table>   | 185.34 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 185.34 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/<br>Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | State: District:   |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |        |
|--|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>610.45</td></tr></table> | 610.45 |
| 610.45   |  |        |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>       |        |
|  |  |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>UPS, PHILADELPHIA PA<br><hr/> Mailing Address P O BOX 7247-0244<br><hr/> City PHILADELPHIA State PA Zip Code 19170-0001<br>Purpose of Disbursement SHIPPING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00888<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>278.39  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>UPS, PHILADELPHIA PA<br><hr/> Mailing Address P O BOX 7247-0244<br><hr/> City PHILADELPHIA State PA Zip Code 19170-0001<br>Purpose of Disbursement SHIPPING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00889<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>495.82  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>UPS, PHILADELPHIA PA<br><hr/> Mailing Address P O BOX 7247-0244<br><hr/> City PHILADELPHIA State PA Zip Code 19170-0001<br>Purpose of Disbursement SHIPPING COST<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21a00890<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>2081.31   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2855.52

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>US MONITOR  | Transaction ID: 2009M04L21a00891<br>Date of Disbursement  |
|    | Mailing Address 86 MAPLE AVE   | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City NEW CITY State NY Zip Code 10956  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement MAILING COSTS  | <input type="text" value="47.80"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>US MONITOR  | Transaction ID: 2009M04L21a00892<br>Date of Disbursement  |
|    | Mailing Address 86 MAPLE AVE   | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City NEW CITY State NY Zip Code 10956  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement MAILING COSTS  | <input type="text" value="53.10"/>  |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>US MONITOR  | Transaction ID: 2009M04L21a00893<br>Date of Disbursement  |
|    | Mailing Address 86 MAPLE AVE   | <input type="text" value="03"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/> |
|    | City NEW CITY State NY Zip Code 10956  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement MAILING COSTS  | <input type="text" value="300.05"/>   |
|    | Candidate Name   | Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General   |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="400.95"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1804 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>US POSTMASTER -WASHINGTON, DC<br><hr/> Mailing Address 900 BRENTWOOD RD, NE<br><hr/> City WASHINGTON State DC Zip Code 20066<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00894<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1130.00<br><hr/> Category/Type                              |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>US POSTMASTER -WASHINGTON, DC<br><hr/> Mailing Address 900 BRENTWOOD RD, NE<br><hr/> City WASHINGTON State DC Zip Code 20066<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00895<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>5000.00<br><hr/> Category/Type                              |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>US POSTMASTER -WASHINGTON, DC<br><hr/> Mailing Address 900 BRENTWOOD RD, NE<br><hr/> City WASHINGTON State DC Zip Code 20066<br>Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00896<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>10000.00<br><hr/> Category/Type                             |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 16130.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [Empty Box] |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>US POSTMASTER -WASHINGTON, DC</p> <p>Mailing Address 900 BRENTWOOD RD, NE</p> <p>City WASHINGTON State DC Zip Code 20066</p> <p>Purpose of Disbursement<br/>POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00897</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 03 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20000.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>US POSTMASTER -WASHINGTON, DC</p> <p>Mailing Address 900 BRENTWOOD RD, NE</p> <p>City WASHINGTON State DC Zip Code 20066</p> <p>Purpose of Disbursement<br/>POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00898</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>20000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>US POSTMASTER -WASHINGTON, DC</p> <p>Mailing Address 900 BRENTWOOD RD, NE</p> <p>City WASHINGTON State DC Zip Code 20066</p> <p>Purpose of Disbursement<br/>POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00899</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 09 / 2009</p> <p>Amount of Each Disbursement this Period<br/>30000.00</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

70000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>US POSTMASTER - WASHINGTON, DC<br><hr/> Mailing Address 900 BRENTWOOD RD, NE<br><hr/> City WASHINGTON State DC Zip Code 20066<br><hr/> Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 2009M04L21a00900<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 3 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>40000.00 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>US POSTMASTER - WASHINGTON, DC<br><hr/> Mailing Address 900 BRENTWOOD RD, NE<br><hr/> City WASHINGTON State DC Zip Code 20066<br><hr/> Purpose of Disbursement POSTAGE<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: 2009M04L21a00901<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 0 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>50000.00 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>USPS NATIONAL CUSTOMER SUPPORT<br><hr/> Mailing Address CENTER<br>6060 PRIMACY PKWY SUITE 201<br><hr/> City MEMPHIS State TN Zip Code 38188<br><hr/> Purpose of Disbursement SUBSCRIPTION<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00902<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>350.00   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

90350.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TODD VAN ETTEN</p> <p>Mailing Address 1425 S EADS ST APT 309</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> 2009M04L21a00903</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="147.08"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DTG OPERATIONS, INC-BOK</p> <p>Mailing Address THRIFTY CAR RENTAL<br/>LOCKBOX 2241</p> <p>City TULSA State OK Zip Code 74182</p> <p>Purpose of Disbursement CAR RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00903m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="147.08"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TODD VAN ETTEN</p> <p>Mailing Address 1425 S EADS ST APT 309</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement FUEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                         | <p><b>Transaction ID:</b> 2009M04L21a00904</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="14.52"/></p>                             |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="161.60"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TODD VAN ETTEN  | Transaction ID: 2009M04L21a00905<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 1425 S EADS ST APT 309   |  |
|    | City ARLINGTON State VA Zip Code 22202   | Amount of Each Disbursement this Period<br>24.95   |
|    | Purpose of Disbursement INTERNET SERVICES<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NING, INC   | Transaction ID: 2009M04L21a00905m<br>Date of Disbursement<br>03 / 26 / 2009  |
|    | Mailing Address 735 EMERSON ST   |  |
|    | City PALO ALTO State CA Zip Code 94301   | Amount of Each Disbursement this Period<br>24.95   |
|    | Purpose of Disbursement INTERNET SERVICES<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>TODD VAN ETTEN  | Transaction ID: 2009M04L21a00906<br>Date of Disbursement<br>03 / 26 / 2009   |
|    | Mailing Address 1425 S EADS ST APT 309   |  |
|    | City ARLINGTON State VA Zip Code 22202   | Amount of Each Disbursement this Period<br>316.14  |
|    | Purpose of Disbursement LODGING<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>341.09</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1809 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GALT HOUSE HOTEL AND SUITES</p> <p>Mailing Address 140 NORTH 4TH AVE</p> <p>City LOUISVILLE State KY Zip Code 40202</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00906m<br/><b>Date of Disbursement</b><br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>316.14</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TODD VAN ETTEN</p> <p>Mailing Address 1425 S EADS ST APT 309</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> 2009M04L21a00907<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>49.00</p>                             |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TORTILLA COAST, WASHINGTON DC</p> <p>Mailing Address 400 FIRST ST SE</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement<br/>MEALS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21a00907m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>49.00</p> <p><b>[MEMO ITEM]</b></p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

49.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TODD VAN ETTEN</p> <p>Mailing Address 1425 S EADS ST APT 309</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement METROFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00908</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="193.00"/></p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>WA METRO ATA</p> <p>Mailing Address 600 5TH ST NW</p> <p>City WASHINGTON State DC Zip Code 20001-2610</p> <p>Purpose of Disbursement METROFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a00908m</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="193.00"/></p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TODD VAN ETTEN</p> <p>Mailing Address 1425 S EADS ST APT 309</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PER DIEM</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21a00909</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="120.00"/></p>                            |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="313.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>TODD VAN ETTEN<br><hr/> Mailing Address 1425 S EADS ST APT 309<br><hr/> City ARLINGTON State VA Zip Code 22202<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00910<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009  |
|   | Amount of Each Disbursement this Period<br>83.00   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br><hr/> Mailing Address P O BOX 25505<br><hr/> City LEHIGH VALLEY State PA Zip Code 18002<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21a00910m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>83.00<br><br><b>[MEMO ITEM]</b>                         |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON<br><hr/> Mailing Address P O BOX 660720<br><hr/> City DALLAS State TX Zip Code 75266-0720<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼              | Transaction ID: 2009M04L21a00911<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009  |
|   | Amount of Each Disbursement this Period<br>51.72   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

134.72

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1812 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON<br><hr/> Mailing Address P O BOX 660720<br><hr/> City DALLAS State TX Zip Code 75266-0720<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: 2009M04L21a00912<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 26 / 2009                                 |
|  | Amount of Each Disbursement this Period<br>51.72  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON<br><hr/> Mailing Address P O BOX 660720<br><hr/> City DALLAS State TX Zip Code 75266-0720<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: 2009M04L21a00913<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 11 / 2009                                 |
|  | Amount of Each Disbursement this Period<br>39.95  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON CABS<br><hr/> Mailing Address P O BOX 4832<br><hr/> City TRENTON State NJ Zip Code 08650-4832<br><hr/> Purpose of Disbursement<br>TELEPHONE CHARGES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00914<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 05 / 2009                                 |
|  | Amount of Each Disbursement this Period<br>825.64   |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

917.31

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1813 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00915  |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009  |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>37.69                                    |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00916  |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009  |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>73.61                                    |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00917  |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009  |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>79.66                                    |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

190.96

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00918   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>81.03   |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00919   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>82.26   |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00920   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>83.33   |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 246.62 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1815 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00921</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00922</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00923</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="249.99"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1816 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00924</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="83.33"/></p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00925</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="89.81"/></p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00926</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="93.87"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1817 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00927</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>98.39</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00928</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>136.00</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00929</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>153.34</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**387.73**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00930</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="164.36"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00931</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="166.66"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00932</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="167.32"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="498.34"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1819 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |   |
|-----------|---|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br><br>Mailing Address P O BOX 25505<br><br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00933<br>Date of Disbursement<br>03 / 26 / 2009 | Amount of Each Disbursement this Period<br>167.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br><br>Mailing Address P O BOX 25505<br><br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00934<br>Date of Disbursement<br>03 / 26 / 2009 | Amount of Each Disbursement this Period<br>171.15 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br><br>Mailing Address P O BOX 25505<br><br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00935<br>Date of Disbursement<br>03 / 26 / 2009 | Amount of Each Disbursement this Period<br>175.47 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

514.15

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1820 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00936</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>196.93</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00937</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>198.43</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00938</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>227.68</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**623.04**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00939</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.55"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00940</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="309.96"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00941</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="311.56"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**852.07**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00942   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>321.26  |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00943   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>334.19  |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00944   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>366.61  |
|    | Purpose of Disbursement<br>PHONE CHARGES   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1022.06 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1823 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00945</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>372.54</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00946</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>403.64</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00947</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>440.46</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1216.64

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1824 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00948   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>468.43  |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00949   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>469.87  |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS  | Transaction ID: 2009M04L21a00950   |
|    | Mailing Address P O BOX 25505  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009   |
|    | City LEHIGH VALLEY State PA Zip Code 18002   | Amount of Each Disbursement this Period<br>513.61  |
|    | Purpose of Disbursement PHONE CHARGES  | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1451.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1825 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00951</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>633.48</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00952</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>702.15</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON WIRELESS</p> <p>Mailing Address P O BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002</p> <p>Purpose of Disbursement<br/>PHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00953</p> <p>Date of Disbursement<br/>03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period<br/>895.82</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2231.45

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1826 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br>Mailing Address P O BOX 25505<br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00954<br>Date of Disbursement<br>03 / 26 / 2009 |
|  | Amount of Each Disbursement this Period<br>933.80                          |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Category/Type   |  |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br>Mailing Address P O BOX 25505<br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00955<br>Date of Disbursement<br>03 / 26 / 2009 |
|  | Amount of Each Disbursement this Period<br>1015.73                         |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Category/Type   |  |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br>Mailing Address P O BOX 25505<br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00956<br>Date of Disbursement<br>03 / 26 / 2009 |
|  | Amount of Each Disbursement this Period<br>1081.31                         |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>Category/Type   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3030.84 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br>Mailing Address P O BOX 25505<br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00957<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1801.68   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Category/<br>Type  |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON WIRELESS<br>Mailing Address P O BOX 25505<br>City LEHIGH VALLEY State PA Zip Code 18002<br>Purpose of Disbursement PHONE CHARGES-VENDOR CREDIT<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00958<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 6 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>-0.92   |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Category/<br>Type  |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS<br>Mailing Address PO BOX 371873<br>City PITTSBURGH State PA Zip Code 15250-7873<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a00959<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>0.04  |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 1800.80 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00960   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>0.17  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00961   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>0.20  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00962   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>0.29  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 0.66 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1829 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.   | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00963<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>0.41</td></tr></table>  | 0.41 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 0.41 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00964<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>2.33</td></tr></table>  | 2.33 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2.33 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|---|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.   | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00965<br>Date of Disbursement  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>9</td><td></td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 9 |
| M    | M  | /   | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |   | 1    | 1 |   | 2 | 0 | 9 |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>2.46</td></tr></table>  | 2.46 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2.46 |  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |      |
|--|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>5.20</td></tr></table> | 5.20 |
| 5.20   |  |      |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>     |      |
|  |  |      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00966   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>2.81  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00967   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>3.24  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00968   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>3.98  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

10.03

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1831 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON BUSINESS</p> <p>Mailing Address PO BOX 371873</p> <p>City PITTSBURGH State PA Zip Code 15250-7873</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00969</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4.62</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON BUSINESS</p> <p>Mailing Address PO BOX 371873</p> <p>City PITTSBURGH State PA Zip Code 15250-7873</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00970</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4.93</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON BUSINESS</p> <p>Mailing Address PO BOX 371873</p> <p>City PITTSBURGH State PA Zip Code 15250-7873</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00971</p> <p>Date of Disbursement<br/>03 / 11 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5.44</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

14.99

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00972   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>5.98  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00973   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>6.41  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00974   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>7.00  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>19.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1833 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00975   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>7.01  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00976   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>7.13  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00977   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>7.71  |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>21.85</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1834 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS<br>Mailing Address PO BOX 371873<br>City PITTSBURGH State PA Zip Code 15250-7873<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00978<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>7.75  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS<br>Mailing Address PO BOX 371873<br>City PITTSBURGH State PA Zip Code 15250-7873<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00979<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>7.93  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS<br>Mailing Address PO BOX 371873<br>City PITTSBURGH State PA Zip Code 15250-7873<br>Purpose of Disbursement TELEPHONE CHARGES<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a00980<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>8.39  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

24.07

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1835 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.   | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00981<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 1    | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>8.64</td></tr></table>   | 8.64 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 8.64 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00982<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 1    | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>8.92</td></tr></table>   | 8.92 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 8.92 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00983<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>10.18</td></tr></table>  | 10.18 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 10.18 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>27.74</td></tr></table> | 27.74 |
| 27.74  |   |       |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>      |       |
|  |   |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1836 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00984   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>10.64   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00985   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>11.04   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00986   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>12.51   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 34.19 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1837 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00987   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>12.98   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00988   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>13.62   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00989   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>16.85   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 43.45 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00990   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>21.85   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00991   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>24.58   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00992   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>24.98   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 71.41 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00993   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>25.89   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00994   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>38.77   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00995   |
|    | Mailing Address PO BOX 371873  | Date of Disbursement<br>03 / 11 / 2009   |
|    | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period<br>79.50   |
|    | Purpose of Disbursement TELEPHONE CHARGES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |   |        |
|--|---|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 144.16 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1840 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>VERIZON BUSINESS  | Transaction ID: 2009M04L21a00996<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO BOX 371873  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City PITTSBURGH State PA Zip Code 15250-7873   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>2812.95</td></tr></table>  | 2812.95 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2812.95 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|      |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|------|--|--|------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.   | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: 2009M04L21a00997<br>Date of Disbursement   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Mailing Address P O BOX 660720   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M    | M  | /  | D    | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0    | 3  |  | 1    | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|      | City DALLAS State TX Zip Code 75266-0720   | Amount of Each Disbursement this Period  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>7.14</td></tr></table>   | 7.14 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 7.14 |  |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Candidate Name   | Category/Type  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|      | State: District:   |  |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>VERIZON   | Transaction ID: 2009M04L21a00998<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address P O BOX 660720   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 9 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 9 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City DALLAS State TX Zip Code 75266  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement TELEPHONE CHARGES  | <table border="1"><tr><td>6336.98</td></tr></table>  | 6336.98 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 6336.98 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>9157.07</td></tr></table> | 9157.07 |
| 9157.07  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON</p> <p>Mailing Address P O BOX 660720</p> <p>City DALLAS State TX Zip Code 75266-0720</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a00999</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>4090.48</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON</p> <p>Mailing Address P O BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a01000</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>133.15</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>VERIZON</p> <p>Mailing Address P O BOX 660720</p> <p>City DALLAS State TX Zip Code 75266</p> <p>Purpose of Disbursement<br/>TELEPHONE CHARGES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a01001</p> <p>Date of Disbursement<br/>03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period<br/>125.86</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4349.49

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1842 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>GEOFF VERHOFF   | Transaction ID: 2009M04L21a01002<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 4189 S. FOUR MILE RUN DR #404  | Amount of Each Disbursement this Period<br>424.20  |
|    | City ARLINGTON State VA Zip Code 22204   |  |
|    | Purpose of Disbursement AIR FARE   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a01002m<br>Date of Disbursement<br>03 / 05 / 2009  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Amount of Each Disbursement this Period<br>424.20  |
|    | City WINSTON SALEM State NC Zip Code 27105   |  |
|    | Purpose of Disbursement AIR FARE   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>GEOFF VERHOFF   | Transaction ID: 2009M04L21a01003<br>Date of Disbursement<br>03 / 05 / 2009   |
|    | Mailing Address 4189 S. FOUR MILE RUN DR #404  | Amount of Each Disbursement this Period<br>84.55   |
|    | City ARLINGTON State VA Zip Code 22204   |  |
|    | Purpose of Disbursement TAXI'S   | Category/<br>Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 508.75 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1843 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>GEOFF VERHOFF</p> <p>Mailing Address 4189 S. FOUR MILE RUN DR<br/>#404</p> <p>City ARLINGTON State VA Zip Code 22204</p> <p>Purpose of Disbursement TIPS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                            | <p><b>Transaction ID:</b> 2009M04L21a01004<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>40.00</p>    |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>VERTIS COMMUNICATION</p> <p>Mailing Address ATTN: POSTAGE/ACCOUNTING DEPT<br/>2901 BLACKBRIDGE ROAD</p> <p>City YORK State PA Zip Code 17402</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a01005<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>73000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>VIDEOFILES, INC</p> <p>Mailing Address 1011 ARLINGTON BLVD<br/>SUITE T-4</p> <p>City ARLINGTON State VA Zip Code 22209</p> <p>Purpose of Disbursement VIDEO PRODUCTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L21a01006<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>997.50</p>   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

74037.50

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1844 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-----------|--|--|-----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.        | Full Name (Last, First, Middle Initial)<br>WACHOVIA BANK   | Transaction ID: 2009M04L21a01007<br>Date of Disbursement   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Mailing Address COMMERCIAL BILLING DEPT.<br>PO BOX 60403   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M         | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M         | M  | /  | D         | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0         | 3  |  | 0         | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|           | City CHARLOTTE State NC Zip Code 28260-0403  | Amount of Each Disbursement this Period  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Purpose of Disbursement VOID ISSUED IN ERROR-12/18/08  | <table border="1"><tr><td>-97500.00</td></tr></table>  | -97500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| -97500.00 |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Candidate Name   | Category/Type  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | State: District:   | <input type="checkbox"/> Other (specify) ▼   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|           |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-----------|--|--|-----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.        | Full Name (Last, First, Middle Initial)<br>WACHOVIA BANK   | Transaction ID: 2009M04L21a01008<br>Date of Disbursement   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Mailing Address COMMERCIAL BILLING DEPT.<br>PO BOX 60403   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M         | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 0 | 5 |  | 2 | 0 | 0 |
| M         | M  | /  | D         | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0         | 3  |  | 0         | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|           | City CHARLOTTE State NC Zip Code 28260-0403  | Amount of Each Disbursement this Period  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Purpose of Disbursement VOID ISSUED IN ERROR-12/18/08  | <table border="1"><tr><td>-52500.00</td></tr></table>  | -52500.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| -52500.00 |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Candidate Name   | Category/Type  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | State: District:   | <input type="checkbox"/> Other (specify) ▼   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>BRAD WALP   | Transaction ID: 2009M04L21a01009<br>Date of Disbursement   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 6940 FAIRFAX DRIVE STE 404   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 1 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 1     | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City ARLINGTON State VA Zip Code 22213-1035  | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement INTERNET SERVICES  | <table border="1"><tr><td>45.95</td></tr></table>  | 45.95 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 45.95 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | State: District:   | <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |            |
|--|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>-149954.05</td></tr></table> | -149954.05 |
| -149954.05   |  |            |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>           |            |
|  |  |            |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1845 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br><b>COMCAST</b><br><br>Mailing Address P O BOX 3005<br><br>City SOUTHEASTERN State PA Zip Code 19398<br>Purpose of Disbursement INTERNET SERVICES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: 2009M04L21a01009m<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>45.95<br><br><b>[MEMO ITEM]</b> |
| B. | Full Name (Last, First, Middle Initial)<br><b>WASHINGTON COURIER</b><br><br>Mailing Address 5520 CHEROKEE AVE SUITE 120<br><br>City ALEXANDRIA State VA Zip Code 22312<br>Purpose of Disbursement DELIVERY COST<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21a01010<br>Date of Disbursement<br>03 / 26 / 2009<br><br>Amount of Each Disbursement this Period<br>23.63                            |
| C. | Full Name (Last, First, Middle Initial)<br><b>WASHINGTON GAS</b><br><br>Mailing Address PO BOX 9001036<br><br>City LOUISVILLE State KY Zip Code 40290<br>Purpose of Disbursement UTILITIES<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                      | Transaction ID: 2009M04L21a01011<br>Date of Disbursement<br>03 / 11 / 2009<br><br>Amount of Each Disbursement this Period<br>811.74                           |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**835.37**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1846 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>WASHINGTON GAS  | Transaction ID: 2009M04L21a01012   |
|    | Mailing Address P O BOX 830036   | Date of Disbursement<br>03 / 26 / 2009   |
|    | City LOUISVILLE State KY Zip Code 40290-1036   | Amount of Each Disbursement this Period<br>698.11  |
|    | Purpose of Disbursement UTILITIES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>WELBOURNE   | Transaction ID: 2009M04L21a01013   |
|    | Mailing Address 5951 ARBOR ST  | Date of Disbursement<br>03 / 19 / 2009   |
|    | City HYATTSVILLE State MD Zip Code 20781   | Amount of Each Disbursement this Period<br>2202.98   |
|    | Purpose of Disbursement ELECTRICAL MAINTENANCE   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>WELBOURNE   | Transaction ID: 2009M04L21a01014   |
|    | Mailing Address 5951 ARBOR ST  | Date of Disbursement<br>03 / 26 / 2009   |
|    | City HYATTSVILLE State MD Zip Code 20781   | Amount of Each Disbursement this Period<br>1330.35   |
|    | Purpose of Disbursement ELECTRICAL SERVICES  | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4231.44</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1847 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>WELBOURNE   | Transaction ID: 2009M04L21a01015  |
|    | Mailing Address 5951 ARBOR ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City HYATTSVILLE State MD Zip Code 20781   | Amount of Each Disbursement this Period<br>1882.18                                  |
|    | Purpose of Disbursement<br>ELECTRICAL SERVICES   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>WELBOURNE   | Transaction ID: 2009M04L21a01016  |
|    | Mailing Address 5951 ARBOR ST  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City HYATTSVILLE State MD Zip Code 20781   | Amount of Each Disbursement this Period<br>1927.37                                  |
|    | Purpose of Disbursement<br>ELECTRICAL SERVICES   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>WESTERN PEST SERVICES   | Transaction ID: 2009M04L21a01017  |
|    | Mailing Address 202 PERRY PARKWAY SUITE 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009                            |
|    | City GAITHERSBURG State MD Zip Code 20877  | Amount of Each Disbursement this Period<br>121.50                                   |
|    | Purpose of Disbursement<br>PEST CONTROL  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3931.05</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1848 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |         |
|-----------|--|--|---------|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br><b>WILKINS ENTERPRISE LLC</b>   | <b>Transaction ID:</b> 2009M04L21a01018<br>Date of Disbursement<br>03 / 19 / 2009  |         |
|           | Mailing Address 11201 GLISSADE DRIVE   |  |         |
|           | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period  | 2268.00 |
|           | Purpose of Disbursement BUILDING MAINTENANCE   |  |         |
|           | Candidate Name   | Category/Type  |         |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |         |
|           | State: District:   |  |         |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br><b>WILKINS ENTERPRISE LLC</b>   | <b>Transaction ID:</b> 2009M04L21a01019<br>Date of Disbursement<br>03 / 19 / 2009  |         |
|           | Mailing Address 11201 GLISSADE DRIVE   |  |         |
|           | City CLINTON State MD Zip Code 20735   | Amount of Each Disbursement this Period  | 4447.00 |
|           | Purpose of Disbursement BUILDING MAINTENANCE   |  |         |
|           | Candidate Name   | Category/Type  |         |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |         |
|           | State: District:   |  |         |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br><b>WINDOWS CATERING</b>   | <b>Transaction ID:</b> 2009M04L21a01020<br>Date of Disbursement<br>03 / 11 / 2009  |         |
|           | Mailing Address 5724 GENERAL WASHINGTON DRIVE  |  |         |
|           | City ALEXANDRIA State VA Zip Code 22312  | Amount of Each Disbursement this Period  | 399.94  |
|           | Purpose of Disbursement CATERING COST  |  |         |
|           | Candidate Name   | Category/Type  |         |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |         |
|           | State: District:   |  |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7114.94</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1849 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>WINDOWS CATERING  | Transaction ID: 2009M04L21a01021  |
|    | Mailing Address 5724 GENERAL WASHINGTON DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City ALEXANDRIA State VA Zip Code 22312  | Amount of Each Disbursement this Period<br>399.94                                   |
|    | Purpose of Disbursement CATERING COST  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>WINDOWS CATERING  | Transaction ID: 2009M04L21a01022  |
|    | Mailing Address 5724 GENERAL WASHINGTON DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 26 / 2009                            |
|    | City ALEXANDRIA State VA Zip Code 22312  | Amount of Each Disbursement this Period<br>399.94                                   |
|    | Purpose of Disbursement CATERING COST  | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>W NEW YORK TIMES SQUARE   | Transaction ID: 2009M04L21a01023  |
|    | Mailing Address 1567 BROADWAY, LEVEL 5   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 24 / 2009                            |
|    | City NEW YORK State NY Zip Code 10036  | Amount of Each Disbursement this Period<br>5670.22                                  |
|    | Purpose of Disbursement LODGING/VENUE RENTAL   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General |
|    | State: District:   | <input type="checkbox"/> Other (specify) ▼  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>6470.10</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01024   |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>10.00   |
|    | Purpose of Disbursement BAGGAGE COST<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>US AIRWAYS  | Transaction ID: 2009M04L21a01024m  |
|    | Mailing Address 5620 UNIVERSITY PKWY   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WINSTON SALEM State NC Zip Code 27105   | Amount of Each Disbursement this Period<br>10.00   |
|    | Purpose of Disbursement BAGGAGE COST<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01025   |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>10.00   |
|    | Purpose of Disbursement BAGGAGE COST<br>Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 20.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement<br/>BAGGAGE COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a01025m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAITLIN WOHLFARTH</p> <p>Mailing Address 2208 40TH PL NW APT 2</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement<br/>BAGGAGE COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a01026<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>US AIRWAYS</p> <p>Mailing Address 5620 UNIVERSITY PKWY</p> <p>City WINSTON SALEM State NC Zip Code 27105</p> <p>Purpose of Disbursement<br/>BAGGAGE COST</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21a01026m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>10.00</p> <p><b>[MEMO ITEM]</b></p> |

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 10.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1852 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01027  |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>353.08   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH   | Transaction ID: 2009M04L21a01027m   |
|    | Mailing Address ONE SOUTH COUNTY ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City PALM BEACH State FL Zip Code 33480  | Amount of Each Disbursement this Period<br>353.08   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01028  |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009  |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>353.09   |
|    | Purpose of Disbursement<br>LODGING   | Category/<br>Type   |
|    | Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 706.17 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |        |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1853 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>THE BREAKERS PALM BEACH</p> <p>Mailing Address ONE SOUTH COUNTY ROAD</p> <p>City PALM BEACH State FL Zip Code 33480</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a01028m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>353.09</p> <p><b>[MEMO ITEM]</b></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>CAITLIN WOHLFARTH</p> <p>Mailing Address 2208 40TH PL NW APT 2</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21a01029<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>353.09</p>                            |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>THE BREAKERS PALM BEACH</p> <p>Mailing Address ONE SOUTH COUNTY ROAD</p> <p>City PALM BEACH State FL Zip Code 33480</p> <p>Purpose of Disbursement<br/>LODGING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21a01029m<br/><b>Date of Disbursement</b><br/>03 / 05 / 2009</p> <p>Amount of Each Disbursement this Period<br/>353.09</p> <p><b>[MEMO ITEM]</b></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

353.09

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01030   |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>2.55  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CALIFORNIA TORTILLA, WDC  | Transaction ID: 2009M04L21a01030m  |
|    | Mailing Address 1 AVIATION CIRCLE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20001  | Amount of Each Disbursement this Period<br>2.55  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01031   |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009   |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>2.55  |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |      |
|--|---|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 5.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |      |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1855 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>CALIFORNIA TORTILLA, WDC<br>Mailing Address 1 AVIATION CIRCLE<br>City WASHINGTON State DC Zip Code 20001<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a01031m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>2.55<br>[MEMO ITEM]                                |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH<br>Mailing Address 2208 40TH PL NW APT 2<br>City WASHINGTON State DC Zip Code 20007<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a01032<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|  | Amount of Each Disbursement this Period<br>2.55<br>[MEMO ITEM]                               |

|   |   |
|---|---|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>CALIFORNIA TORTILLA, WDC<br>Mailing Address 1 AVIATION CIRCLE<br>City WASHINGTON State DC Zip Code 20001<br>Purpose of Disbursement MEALS<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21a01032m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|   | Amount of Each Disbursement this Period<br>2.55<br>[MEMO ITEM]                                |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2.55 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]  |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1856 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01033                         |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>9.90          |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH   | Transaction ID: 2009M04L21a01033m                        |
|    | Mailing Address ONE SOUTH COUNTY ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City PALM BEACH State FL Zip Code 33480  | Amount of Each Disbursement this Period<br>9.90          |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       | [MEMO ITEM]  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH   | Transaction ID: 2009M04L21a01034                         |
|    | Mailing Address 2208 40TH PL NW APT 2  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 05 / 2009 |
|    | City WASHINGTON State DC Zip Code 20007  | Amount of Each Disbursement this Period<br>9.91          |
|    | Purpose of Disbursement MEALS<br>Candidate Name  | Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: |  |
|    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼       |  |

|  |   |       |
|--|---|-------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 19.81 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |       |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1857 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH  | Transaction ID: 2009M04L21a01034m               |
|    | Mailing Address ONE SOUTH COUNTY ROAD   | Date of Disbursement<br>03 / 05 / 2009          |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>9.91 |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>CAITLIN WOHLFARTH  | Transaction ID: 2009M04L21a01035                |
|    | Mailing Address 2208 40TH PL NW APT 2   | Date of Disbursement<br>03 / 05 / 2009          |
|    | City WASHINGTON State DC Zip Code 20007   | Amount of Each Disbursement this Period<br>9.91 |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|    |   |   |
|----|---|---|
| C. | Full Name (Last, First, Middle Initial)<br>THE BREAKERS PALM BEACH  | Transaction ID: 2009M04L21a01035m               |
|    | Mailing Address ONE SOUTH COUNTY ROAD   | Date of Disbursement<br>03 / 05 / 2009          |
|    | City PALM BEACH State FL Zip Code 33480   | Amount of Each Disbursement this Period<br>9.91 |
|    | Purpose of Disbursement MEALS<br>Candidate Name   | [MEMO ITEM]                                     |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 9.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |      |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1858 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>XEROX CORPORATION<br><hr/> Mailing Address P O BOX 827598<br><hr/> City PHILADELPHIA State PA Zip Code 19182<br><hr/> Purpose of Disbursement PHOTOCOPIER<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 2009M04L21a01036<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 5 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>10424.26   |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>AMERICAN EXPRESS-BANK CHARGES<br><hr/> Mailing Address P O BOX 114<br><hr/> City NEWARK State NJ Zip Code 07101-0114<br><hr/> Purpose of Disbursement CREDIT CARD FEES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 2009M04L21bcc00001<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>5658.10  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>HOCKADAY DONATELLI CAMP.<br><hr/> Mailing Address 228 S WASHINGTON ST<br>SUITE 240<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement CREDIT CARD FEES<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bcc00002<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>19681.55 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**35763.91**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1859 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>NOVA INFORMATION SYSTEMS INC</p> <p>Mailing Address 7300 CHAPMAN HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement<br/>CREDIT CARD FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bcc00003</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>975.19</p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>NOVA INFORMATION SYSTEMS INC</p> <p>Mailing Address 7300 CHAPMAN HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement<br/>CREDIT CARD FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bcc00004</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>14.95</p>   |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NOVA INFORMATION SYSTEMS INC</p> <p>Mailing Address 7300 CHAPMAN HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement<br/>CREDIT CARD FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bcc00005</p> <p>Date of Disbursement<br/>MM / DD / YYYY<br/>03 / 01 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6970.88</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7961.02

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>NOVA INFORMATION SYSTEMS INC</p> <p>Mailing Address 7300 CHAPMAN HIGHWAY</p> <p>City KNOXVILLE State TN Zip Code 37920</p> <p>Purpose of Disbursement CREDIT CARD FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bcc00006</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="7257.37"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>GEORGE A ALAFEGUIUS</p> <p>Mailing Address 9445 TOBIN CIRCLE</p> <p>City POTOMAC State MD Zip Code 20854</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 2009M04L21bpa00001</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1580.60"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GEORGE A ALAFOGINIS</p> <p>Mailing Address 9445 TOBIN CIRCLE</p> <p>City POTOMAC State MD Zip Code 20854</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                        | <p><b>Transaction ID:</b> 2009M04L21bpa00002</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="31"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1580.61"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1861 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>DELITA ALEXANDER  | Transaction ID: 2009M04L21bpa00003   |
|    | Mailing Address 7554 ABBINGTON DR  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City OXON HILL State MD Zip Code 20745   | Amount of Each Disbursement this Period<br>937.60  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DELITA ALEXANDER  | Transaction ID: 2009M04L21bpa00004   |
|    | Mailing Address 7554 ABBINGTON DR  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City OXON HILL State MD Zip Code 20745   | Amount of Each Disbursement this Period<br>1176.86   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ERIC R ANDERSON   | Transaction ID: 2009M04L21bpa00005   |
|    | Mailing Address 6547 GRANGE LANE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22315  | Amount of Each Disbursement this Period<br>2632.41   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4746.87</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1862 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ERIC R ANDERSON<br><hr/> Mailing Address 6547 GRANGE LANE<br><hr/> City ALEXANDRIA State VA Zip Code 22315<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21bpa00006<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2009                               |
|   | Amount of Each Disbursement this Period<br>2619.99  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>JAY C BANNING<br><hr/> Mailing Address 2127 CALIFORNIA ST N<br><hr/> City WASHINGTON State DC Zip Code 20008<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00007<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2009                               |
|   | Amount of Each Disbursement this Period<br>5683.65  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>JAY C BANNING<br><hr/> Mailing Address 2127 CALIFORNIA ST N<br><hr/> City WASHINGTON State DC Zip Code 20008<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00008<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2009                               |
|   | Amount of Each Disbursement this Period<br>5648.19  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13951.83

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MELISSA A BARND   | Transaction ID: 2009M04L21bpa00009<br>Date of Disbursement   |
|    | Mailing Address 328 D STREET SE  | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL  | <input type="text" value="1236.47"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MELISSA A BARND   | Transaction ID: 2009M04L21bpa00010<br>Date of Disbursement   |
|    | Mailing Address 328 D STREET SE  | <input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>                          |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL  | <input type="text" value="3234.11"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>IAN S BARTELS   | Transaction ID: 2009M04L21bpa00011<br>Date of Disbursement   |
|    | Mailing Address 1200 N WEITCH ST   | <input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>                          |
|    | City ARLINGTON State VA Zip Code 22201   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement PAYROLL  | <input type="text" value="1116.66"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="5587.24"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1864 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>IAN S BARTELS   | Transaction ID: 2009M04L21bpa00012   |
|    | Mailing Address 1200 N WEITCH ST   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ARLINGTON State VA Zip Code 22201   | Amount of Each Disbursement this Period<br>1116.65   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CHAD M BARTH  | Transaction ID: 2009M04L21bpa00013   |
|    | Mailing Address 1943 COLUMBIA PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ARLINGTON State VA Zip Code 22204   | Amount of Each Disbursement this Period<br>2506.06   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CHAD M BARTH  | Transaction ID: 2009M04L21bpa00014   |
|    | Mailing Address 1943 COLUMBIA PIKE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ARLINGTON State VA Zip Code 22204   | Amount of Each Disbursement this Period<br>2506.05   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6128.76 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1865 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>LAUREN BATTEY   | Transaction ID: 2009M04L21bpa00015   |
|    | Mailing Address 642 EAST CAPITOL ST  | Date of Disbursement<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>1082.99   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>LAUREN BATTEY   | Transaction ID: 2009M04L21bpa00016   |
|    | Mailing Address 165 FORD ROAD  | Date of Disbursement<br>03 / 31 / 2009   |
|    | City CARMEL VALLEY State CA Zip Code 93924   | Amount of Each Disbursement this Period<br>2401.26   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>PARISH M BRADEN   | Transaction ID: 2009M04L21bpa00017   |
|    | Mailing Address 700 7TH STREET SW  | Date of Disbursement<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period<br>1644.67   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5128.92 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>PARISH M BRADEN</p> <p>Mailing Address 700 7TH STREET SW</p> <p>City WASHINGTON State DC Zip Code 20024</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00018</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1644.69"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JOHN G BROWN JR</p> <p>Mailing Address 8655 BENT ARROW CT</p> <p>City SPRINGFIELD State VA Zip Code 22153</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00019</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1273.13"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JOHN G BROWN JR</p> <p>Mailing Address 8655 BENT ARROW CT</p> <p>City SPRINGFIELD State VA Zip Code 22153</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00020</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1273.15"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1867 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>CHRISTOPHER BURCHFIELD  | Transaction ID: 2009M04L21bpa00021   |
|    | Mailing Address 816 18TH STREET SO   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ARLINGTON State VA Zip Code 22202   | Amount of Each Disbursement this Period<br>1413.13   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CHRISTOPHER BURCHFIELD  | Transaction ID: 2009M04L21bpa00022   |
|    | Mailing Address 816 18TH STREET SO   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ARLINGTON State VA Zip Code 22202   | Amount of Each Disbursement this Period<br>1413.12   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>GENTRY T COLLINS  | Transaction ID: 2009M04L21bpa00023   |
|    | Mailing Address 728 NE 41ST COURT  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ANKENY State IA Zip Code 50021  | Amount of Each Disbursement this Period<br>3705.01   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **6531.26**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>ROGER ALEXANDER CONANT  | Transaction ID: 2009M04L21bpa00024<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1813 BILTMORE ST NW  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>2644.11</td></tr></table>  | 2644.11 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 2644.11 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>ROGER ALEXANDER CONANT  | Transaction ID: 2009M04L21bpa00025<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 1813 BILTMORE ST NW  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 3       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>3532.48</td></tr></table>  | 3532.48 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3532.48 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>BELINDA COOK  | Transaction ID: 2009M04L21bpa00026<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 113 REMINGTON CT   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City CENTERVILLE State MD Zip Code 21617   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>3567.34</td></tr></table>  | 3567.34 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 3567.34 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>9743.93</td></tr></table> | 9743.93 |
| 9743.93  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>LEE A COOK<br><hr/> Mailing Address 113 REMINGTON COURT<br><hr/> City CENTREVILLE State MD Zip Code 21617<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00027<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9                          |
|   | Amount of Each Disbursement this Period<br>1625.88  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>BELINDA COOK<br><hr/> Mailing Address 113 REMINGTON CT<br><hr/> City CENTERVILLE State MD Zip Code 21617<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 2009M04L21bpa00028<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9                          |
|   | Amount of Each Disbursement this Period<br>3567.32  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>LEE A COOK<br><hr/> Mailing Address 113 REMINGTON COURT<br><hr/> City CENTREVILLE State MD Zip Code 21617<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00029<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9                          |
|   | Amount of Each Disbursement this Period<br>1625.89  |
|   | Category/<br>Type   |
|   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6819.09

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1870 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>PHILIP P COPPAGE  | Transaction ID: 2009M04L21bpa00030<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 415 N JERSEY AVE SE  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>1878.64</td></tr></table>  | 1878.64 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1878.64 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>PHILIP P COPPAGE  | Transaction ID: 2009M04L21bpa00031<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 415 N JERSEY AVE SE  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 3       | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>1870.39</td></tr></table>  | 1870.39 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1870.39 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>KERI A COTTERMAN  | Transaction ID: 2009M04L21bpa00032<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 223 12TH STREET NE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 3  |  | 1       | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement PAYROLL  | <table border="1"><tr><td>1690.01</td></tr></table>  | 1690.01 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1690.01 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name   | Category/Type  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | State: District:   | <input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>5439.04</td></tr></table> | 5439.04 |
| 5439.04  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1871 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>KERI A COTTERMAN</p> <p>Mailing Address 223 12TH STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21bpa00033</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1690.00</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 1690.00 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1690.00  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JEAN FRANCOIS HANS COUTARD</p> <p>Mailing Address 1611 PARK ROAD NW</p> <p>City WASHINGTON State DC Zip Code 20010</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00034</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1185.61</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | 1185.61 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 1 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1185.61  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JEAN FRANCOIS HANS COUTARD</p> <p>Mailing Address 1611 PARK ROAD NW</p> <p>City WASHINGTON State DC Zip Code 20010</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00035</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1181.59</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 1181.59 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1181.59  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4057.20</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>WILLIAM F CROZER  | Transaction ID: 2009M04L21bpa00036   |
|    | Mailing Address 1301 M STREET NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>1157.31   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>WILLIAM F CROZER  | Transaction ID: 2009M04L21bpa00037   |
|    | Mailing Address 1301 M STREET NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City WASHINGTON State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>2129.38   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JOHN T CUMMINS  | Transaction ID: 2009M04L21bpa00038   |
|    | Mailing Address 105 QUAY STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>1134.38   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 4421.07 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1873 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JOHN T CUMMINS  | Transaction ID: 2009M04L21bpa00039   |
|    | Mailing Address 105 QUAY STREET  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>1223.96   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>NANCY HOPE DEHLINGER  | Transaction ID: 2009M04L21bpa00040   |
|    | Mailing Address 9004 GOLDEN PASS   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City LAUREL State MD Zip Code 20708  | Amount of Each Disbursement this Period<br>1563.05   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>NANCY HOPE DEHLINGER  | Transaction ID: 2009M04L21bpa00041   |
|    | Mailing Address 9004 GOLDEN PASS   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City LAUREL State MD Zip Code 20708  | Amount of Each Disbursement this Period<br>1555.30   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4342.31

TOTAL This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1874 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TONY C DENNIS   | Transaction ID: 2009M04L21bpa00042   |
|    | Mailing Address 8107 PICARD LANE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>931.24  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>TONY C DENNIS   | Transaction ID: 2009M04L21bpa00043   |
|    | Mailing Address 8107 PICARD LANE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City UPPER MARLBORO State MD Zip Code 20774  | Amount of Each Disbursement this Period<br>931.24  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JESSICA D. ENNIS  | Transaction ID: 2009M04L21bpa00044   |
|    | Mailing Address 116 N CAROLINA AVE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20003  | Amount of Each Disbursement this Period<br>2803.91   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4666.39</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1875 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>JESSICA D. ENNIS<br><hr/> Mailing Address 116 N CAROLINA AVE<br><hr/> City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00045<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2009 |
|   | Amount of Each Disbursement this Period<br>2803.91  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>DIRK E EYMAN<br><hr/> Mailing Address 20301 THUNDERHEAD WY<br><hr/> City GERMANTOWN State MD Zip Code 20874<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21bpa00046<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2009 |
|   | Amount of Each Disbursement this Period<br>3148.20  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DIRK E EYMAN<br><hr/> Mailing Address 20301 THUNDERHEAD WY<br><hr/> City GERMANTOWN State MD Zip Code 20874<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   | Transaction ID: 2009M04L21bpa00047<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2009 |
|   | Amount of Each Disbursement this Period<br>3148.19  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9100.30

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1876 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JULIE M FLEMING   | Transaction ID: 2009M04L21bpa00048   |
|    | Mailing Address 6719 BOSTWICK DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City SPRINGFIELD State VA Zip Code 22151   | Amount of Each Disbursement this Period<br>1198.41   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>JULIE M FLEMING   | Transaction ID: 2009M04L21bpa00049   |
|    | Mailing Address 6719 BOSTWICK DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City SPRINGFIELD State VA Zip Code 22151   | Amount of Each Disbursement this Period<br>1965.55   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>ERICA A FLINT   | Transaction ID: 2009M04L21bpa00050   |
|    | Mailing Address 607 MASS AVE NE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City WASHINGTON State DC Zip Code 20002  | Amount of Each Disbursement this Period<br>478.78  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3642.74</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1877 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MICHAEL T GILDING   | Transaction ID: 2009M04L21bpa00051   |
|    | Mailing Address 1723 GOSNELL ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City VIENNA State VA Zip Code 22182  | Amount of Each Disbursement this Period<br>1587.05   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MICHAEL T GILDING   | Transaction ID: 2009M04L21bpa00052   |
|    | Mailing Address 1723 GOSNELL ROAD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City VIENNA State VA Zip Code 22182  | Amount of Each Disbursement this Period<br>1587.06   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>AMY M GRANGEIA  | Transaction ID: 2009M04L21bpa00053   |
|    | Mailing Address 1425 P STREET NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>1699.71   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4873.82</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1878 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>AMY M GRANGEIA  | Transaction ID: 2009M04L21bpa00054   |
|    | Mailing Address 1425 P STREET NW   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City WASHINGTON State DC Zip Code 20005  | Amount of Each Disbursement this Period<br>1699.71   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>PHYLLIS M GREENE  | Transaction ID: 2009M04L21bpa00055   |
|    | Mailing Address 1728 ALBERT DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City MITCHELLVILLE State MD Zip Code 20721   | Amount of Each Disbursement this Period<br>1018.80   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>PHYLLIS M GREENE  | Transaction ID: 2009M04L21bpa00056   |
|    | Mailing Address 1728 ALBERT DRIVE  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City MITCHELLVILLE State MD Zip Code 20721   | Amount of Each Disbursement this Period<br>1018.80   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3737.31</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SUZANNA M HEALY</p> <p>Mailing Address 1801 CRYSTAL DRIVE</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00057</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">711.13</td> </tr> </table>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 711.13  |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 711.13  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ANNETTE R HENRY</p> <p>Mailing Address 3928 AMES ST NE</p> <p>City WASHINGTON State DC Zip Code 20019</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00058</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2483.36</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | 2483.36 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3   | / | 1 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2483.36   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ANNETTE R HENRY</p> <p>Mailing Address 3928 AMES ST NE</p> <p>City WASHINGTON State DC Zip Code 20019</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00059</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2481.84</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 2481.84 |
| M   | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0   | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2481.84   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

|   |  |         |
|---|--|---------|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <table border="1"> <tr> <td style="font-weight: bold;">5676.33</td> </tr> </table> | 5676.33 |
| 5676.33   |  |         |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <table border="1"> <tr> <td style="height: 20px;"></td> </tr> </table>             |         |
|   |  |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NANCY DUDIAK HIBBS  | Transaction ID: 2009M04L21bpa00060   |
|    | Mailing Address 1005 NEW DAWN LANE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ODENTON State MD Zip Code 21113   | Amount of Each Disbursement this Period<br>2721.85   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NANCY DUDIAK HIBBS  | Transaction ID: 2009M04L21bpa00061   |
|    | Mailing Address 1005 NEW DAWN LANE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ODENTON State MD Zip Code 21113   | Amount of Each Disbursement this Period<br>2708.31   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>KELLY ELIZABETH HOLDWAY   | Transaction ID: 2009M04L21bpa00062   |
|    | Mailing Address 13003 EAST ABINGDON  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>1970.09   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7400.25</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1881 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>KELLY ELIZABETH HOLDWAY   | Transaction ID: 2009M04L21bpa00063   |
|    | Mailing Address 1303 E. ABINGDON DR.   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>2134.34   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>PATRICIA E HUYCK  | Transaction ID: 2009M04L21bpa00064   |
|    | Mailing Address 2108 GRAYSTONE COURT   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City FREDERICK State MD Zip Code 21702   | Amount of Each Disbursement this Period<br>2850.64   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>PATRICIA E HUYCK  | Transaction ID: 2009M04L21bpa00065   |
|    | Mailing Address 2108 GRAYSTONE COURT   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City FREDERICK State MD Zip Code 21702   | Amount of Each Disbursement this Period<br>2831.14   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>7816.12</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>TERESSA JACKSON<br><hr/> Mailing Address 3907 SOUTHERN AVE<br><hr/> City SUITLAND State MD Zip Code 20746<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> 2009M04L21bpa00066<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1733.14   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>TERESSA JACKSON<br><hr/> Mailing Address 3907 SOUTHERN AVE<br><hr/> City SUITLAND State MD Zip Code 20746<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | <b>Transaction ID:</b> 2009M04L21bpa00067<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>2269.83   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER O JEFFREYS<br><hr/> Mailing Address 2721 SO ADAMS STREET<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21bpa00068<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1080.80   |
|  | Category/<br>Type  |
|  | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5083.77 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1883 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER O JEFFREYS<br><hr/> Mailing Address 2721 SO ADAMS STREET<br><hr/> City ARLINGTON State VA Zip Code 22206<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00069<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 31 / 2009 |
|   | Amount of Each Disbursement this Period<br>1077.74  |
|   | Category/<br>Type   |
|   | Category/<br>Type   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MONICA LOUISE JOHNSON<br><hr/> Mailing Address 129 R ST., NE<br><hr/> City WASHINGTON State DC Zip Code 20002<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: 2009M04L21bpa00070<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2009 |
|   | Amount of Each Disbursement this Period<br>629.30   |
|   | Category/<br>Type   |
|   | Category/<br>Type   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>CRYSTAL RENEE JOHNSON<br><hr/> Mailing Address P.O. BOX 471747<br><hr/> City FORESTVILLE State MD Zip Code 20753<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00071<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>03 / 13 / 2009 |
|   | Amount of Each Disbursement this Period<br>1446.36  |
|   | Category/<br>Type   |
|   | Category/<br>Type   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 3153.40 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]     |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1884 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JEFFREY GORDON JOHNSON</p> <p>Mailing Address 1409 HAMLIN ST NE</p> <p>City WASHINGTON State DC Zip Code 20017</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00072</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1661.76"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MONICA LOUISE JOHNSON</p> <p>Mailing Address 129 R ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> 2009M04L21bpa00073</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="800.54"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CRYSTAL RENEE JOHNSON</p> <p>Mailing Address P.O. BOX 471747</p> <p>City FORESTVILLE State MD Zip Code 20753</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00074</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1439.72"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1885 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JEFFREY GORDON JOHNSON</p> <p>Mailing Address 1409 HAMLIN ST NE</p> <p>City WASHINGTON State DC Zip Code 20017</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00075</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1656.84"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ROBERT EUGENE JONES III</p> <p>Mailing Address 509 E STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21bpa00076</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1147.31"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ROBERT EUGENE JONES III</p> <p>Mailing Address 509 E STREET NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21bpa00077</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1147.31"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="3951.46"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JEREMY L KENNEY</p> <p>Mailing Address 15 3RD ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00078</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2640.88"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>JEREMY L KENNEY</p> <p>Mailing Address 15 3RD ST., NE</p> <p>City WASHINGTON State DC Zip Code 20002</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00079</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2627.42"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TIMOTHY E KILLEEN</p> <p>Mailing Address 1600 S EADS</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00080</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1370.18"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="6638.48"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1887 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>TIMOTHY E KILLEEN   | Transaction ID: 2009M04L21bpa00081<br>Date of Disbursement<br>03 / 31 / 2009 |
|    | Mailing Address 1600 S EADS  |  |
|    | City ARLINGTON State VA Zip Code 22202   | Amount of Each Disbursement this Period<br>1370.17                           |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CYRUS KROHN   | Transaction ID: 2009M04L21bpa00082<br>Date of Disbursement<br>03 / 13 / 2009 |
|    | Mailing Address 205 WILKES STREET  |  |
|    | City ALEXANDRIA State VA Zip Code 22314  | Amount of Each Disbursement this Period<br>5359.96                           |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>JANET M LARIMER   | Transaction ID: 2009M04L21bpa00083<br>Date of Disbursement<br>03 / 13 / 2009 |
|    | Mailing Address 3630 CURTIS DRIVE  |  |
|    | City TETON VILLAGE State WY Zip Code 83025   | Amount of Each Disbursement this Period<br>4292.96                           |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: |  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 11023.09

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1888 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JANET M LARIMER   | Transaction ID: 2009M04L21bpa00084<br>Date of Disbursement<br>03 / 31 / 2009   |
|    | Mailing Address 3630 CURTIS DRIVE  | Amount of Each Disbursement this Period<br>4292.94   |
|    | City TETON VILLAGE State WY Zip Code 83025   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MARTINE LAVEIST   | Transaction ID: 2009M04L21bpa00085<br>Date of Disbursement<br>03 / 13 / 2009   |
|    | Mailing Address 9002 MANCHESTER RD   | Amount of Each Disbursement this Period<br>1131.27   |
|    | City SILVER SPRING State MD Zip Code 20901   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARTINE LAVEIST   | Transaction ID: 2009M04L21bpa00086<br>Date of Disbursement<br>03 / 31 / 2009   |
|    | Mailing Address 9002 MANCHESTER RD   | Amount of Each Disbursement this Period<br>1126.01   |
|    | City SILVER SPRING State MD Zip Code 20901   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6550.22 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>DEBORAH P SMITH LE HARDY<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00087<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009<br><br>Amount of Each Disbursement this Period<br>3670.96 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>DEBORAH P SMITH LE HARDY<br><br>Mailing Address 2440 N EDGEWOOD ST<br><br>City ARLINGTON State VA Zip Code 22207<br><br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00088<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009<br><br>Amount of Each Disbursement this Period<br>3651.73 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>DIANA KAY LEO<br><br>Mailing Address 1146 EAST 1900 NORTH<br><br>City NORTH LOGAN State UT Zip Code 87341<br><br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21bpa00089<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009<br><br>Amount of Each Disbursement this Period<br>1437.76 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8760.45

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1890 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DIANA KAY LEO</p> <p>Mailing Address 1146 EAST 1900 NORTH</p> <p>City NORTH LOGAN State UT Zip Code 87341</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>  | <p><b>Transaction ID:</b> 2009M04L21bpa00090</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1437.76"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TERRELL JAMES LEWIS</p> <p>Mailing Address 18419 BARNEY DRIVE</p> <p>City ACCOKEEK State MD Zip Code 20607</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00091</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="766.67"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>TERRELL JAMES LEWIS</p> <p>Mailing Address 18419 BARNEY DRIVE</p> <p>City ACCOKEEK State MD Zip Code 20607</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00092</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="766.66"/></p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>EDWARD K LIPPMAN</p> <p>Mailing Address 9802 THUNDERHILL CT</p> <p>City GREAT FALLS State VA Zip Code 22066</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21bpa00093</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="776.13"/></p>  |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>EDWARD K LIPPMAN</p> <p>Mailing Address 9802 THUNDERHILL CT</p> <p>City GREAT FALLS State VA Zip Code 22066</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>       | <p><b>Transaction ID:</b> 2009M04L21bpa00094</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="776.13"/></p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>NAHSHON A LITTMAN</p> <p>Mailing Address 6617 SEAT PLESENT DR</p> <p>City CAPITOL HEIGHTS State MD Zip Code 20743</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00095</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1109.86"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1892 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>NAHSHON A LITTMAN<br><hr/> Mailing Address 6617 SEAT PLESENT DR<br><hr/> City CAPITOL HEIGHTS State MD Zip Code 20743<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00096<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>1109.85  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>AMBER L LYONS<br><hr/> Mailing Address 520 JOHN CARLYLE ST<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 2009M04L21bpa00097<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>2223.80  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>AMBER L LYONS<br><hr/> Mailing Address 520 JOHN CARLYLE ST<br><hr/> City ALEXANDRIA State VA Zip Code 22314<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼           | Transaction ID: 2009M04L21bpa00098<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>2223.82  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5557.47

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>VICTORIA J. MAGUIRE   | Transaction ID: 2009M04L21bpa00099   |
|    | Mailing Address 620 9TH STREET SW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City WASHINGTON State DC Zip Code 20024  | Amount of Each Disbursement this Period<br>1921.58   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>CATHERINE R MARCUCCI  | Transaction ID: 2009M04L21bpa00100   |
|    | Mailing Address 2623 13TH STREET NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period<br>979.04  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>CATHERINE R MARCUCCI  | Transaction ID: 2009M04L21bpa00101   |
|    | Mailing Address 2623 13TH STREET NW  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City WASHINGTON State DC Zip Code 20009  | Amount of Each Disbursement this Period<br>979.04  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3879.66</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1894 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DOUGLASS V MAYER</p> <p>Mailing Address 1753 REMINGTON COURT</p> <p>City CROFTON State MD Zip Code 21114</p> <p>Purpose of Disbursement<br/>PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00102<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1583.88</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DOUGLASS V MAYER</p> <p>Mailing Address 1753 REMINGTON COURT</p> <p>City CROFTON State MD Zip Code 21114</p> <p>Purpose of Disbursement<br/>PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00103<br/><b>Date of Disbursement</b><br/>03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1583.89</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>MERRILL E MC CARTY</p> <p>Mailing Address 1336 22ND STREET NW</p> <p>City WASHINGTON State DC Zip Code 20037</p> <p>Purpose of Disbursement<br/>PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00104<br/><b>Date of Disbursement</b><br/>03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period<br/>1187.05</p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4354.82

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1895 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MERRILL E MC CARTY<br><hr/> Mailing Address 1336 22ND STREET NW<br><hr/> City WASHINGTON State DC Zip Code 20037<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼            | Transaction ID: 2009M04L21bpa00105<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1187.06   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MARTIN CHRISTOPHER MC CONAHAY<br><hr/> Mailing Address 1254 HALF STREET NW<br><hr/> City WASHINGTON State DC Zip Code 20024<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00106<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1347.33   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MARTIN CHRISTOPHER MC CONAHAY<br><hr/> Mailing Address 1254 HALF STREET NW<br><hr/> City WASHINGTON State DC Zip Code 20024<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00107<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1343.11   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3877.50

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1896 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ANN F MC ENIRY  | Transaction ID: 2009M04L21bpa00108<br>Date of Disbursement<br>03 / 13 / 2009   |
|    | Mailing Address 1111 N RANDOLPH ST   | Amount of Each Disbursement this Period<br>1244.46   |
|    | City ARLINGTON State VA Zip Code 22201   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>ANN F MC ENIRY  | Transaction ID: 2009M04L21bpa00109<br>Date of Disbursement<br>03 / 31 / 2009   |
|    | Mailing Address 1111 N RANDOLPH ST   | Amount of Each Disbursement this Period<br>1244.48   |
|    | City ARLINGTON State VA Zip Code 22201   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>KENNETH K MC KAY IV   | Transaction ID: 2009M04L21bpa00110<br>Date of Disbursement<br>03 / 31 / 2009   |
|    | Mailing Address 15 BATES AVENUE  | Amount of Each Disbursement this Period<br>6389.69   |
|    | City NORTH KINGSTOWN State RI Zip Code 02852   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>8878.63</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1897 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>ALLISON M MEYERS  | Transaction ID: 2009M04L21bpa00111<br>Date of Disbursement<br>03 / 13 / 2009   |
|    | Mailing Address 3020 DENT PLACE NW   | Amount of Each Disbursement this Period<br>1980.00   |
|    | City WASHINGTON State DC Zip Code 20007  |  |
|    | Purpose of Disbursement PAYROLL  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |
| B. | Full Name (Last, First, Middle Initial)<br>ALLISON M MEYERS  | Transaction ID: 2009M04L21bpa00112<br>Date of Disbursement<br>03 / 31 / 2009   |
|    | Mailing Address 3020 DENT PLACE NW   | Amount of Each Disbursement this Period<br>1433.53   |
|    | City WASHINGTON State DC Zip Code 20007  |  |
|    | Purpose of Disbursement PAYROLL  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |
| C. | Full Name (Last, First, Middle Initial)<br>MAURICE M MIDDLETON   | Transaction ID: 2009M04L21bpa00113<br>Date of Disbursement<br>03 / 13 / 2009   |
|    | Mailing Address 1526 CONSTITUTION  | Amount of Each Disbursement this Period<br>381.25  |
|    | City WASHINGTON State DC Zip Code 20002  |  |
|    | Purpose of Disbursement PAYROLL  |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3794.78</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1899 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>JOAN NEGRONI  | Transaction ID: 2009M04L21bpa00117   |
|    | Mailing Address 2003 ANNIES WAY  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City VIENNA State VA Zip Code 22182  | Amount of Each Disbursement this Period<br>816.22  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MICHAEL H. NOLLER   | Transaction ID: 2009M04L21bpa00118   |
|    | Mailing Address 310 E.MASON AVE.   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22301  | Amount of Each Disbursement this Period<br>1209.06   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MICHAEL H. NOLLER   | Transaction ID: 2009M04L21bpa00119   |
|    | Mailing Address 310 E.MASON AVE.   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City ALEXANDRIA State VA Zip Code 22301  | Amount of Each Disbursement this Period<br>1209.05   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3234.33</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1900 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MICHAEL P OMEGNA</p> <p>Mailing Address 5415 CONN AVE NW</p> <p>City WASHINGTON State DC Zip Code 20015</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00120</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1022.54"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MICHAEL P OMEGNA</p> <p>Mailing Address 5415 CONN AVE NW</p> <p>City WASHINGTON State DC Zip Code 20015</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00121</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1022.55"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>FRANCES M. PARKER</p> <p>Mailing Address 14128 GRAND PRE RD.</p> <p>City SILVER SPRING State MD Zip Code 20906</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00122</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1223.91"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1901 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>FRANCES M. PARKER</p> <p>Mailing Address 14128 GRAND PRE RD.</p> <p>City SILVER SPRING State MD Zip Code 20906</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00123</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1219.01"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>BRIAN C PATRICK</p> <p>Mailing Address 2782 SIKES CT</p> <p>City FALLS CHURCH State VA Zip Code 22043</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 2009M04L21bpa00124</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1272.65"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>BRIAN C PATRICK</p> <p>Mailing Address 1534 16TH RD NORTH</p> <p>City ARLINGTON State VA Zip Code 22209</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00125</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1272.65"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1902 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |
|--|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ELIZABETH W PEARCE<br><hr/> Mailing Address 3401 RUSSELL ROAD<br><hr/> City ALEXANDRIA State VA Zip Code 22305<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00126<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>1646.78  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>ELIZABETH W PEARCE<br><hr/> Mailing Address 3401 RUSSELL ROAD<br><hr/> City ALEXANDRIA State VA Zip Code 22305<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00127<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>3568.14  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>DANIEL C PERKINS<br><hr/> Mailing Address 403 ROLAND ST SW<br><hr/> City VIENNA State VA Zip Code 22180<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L21bpa00128<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9                          |
|  | Amount of Each Disbursement this Period<br>3216.80  |
|  | Category/<br>Type   |
|  | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

8431.72

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1904 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ENRICO PICCININI</p> <p>Mailing Address 6031 HEATHERWOOD DR</p> <p>City ALEXANDRIA State VA Zip Code 22310</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00132</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1473.83"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ENRICO PICCININI</p> <p>Mailing Address 6031 HEATHERWOOD DR</p> <p>City ALEXANDRIA State VA Zip Code 22310</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00133</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2148.53"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>ANDREW F POLESOUSKY</p> <p>Mailing Address 640 BRAHLER LANE</p> <p>City MAUMEE State OH Zip Code 43537</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00134</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1225.12"/></p> |

|   |   |
|---|---|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="4847.48"/></p> |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text"/></p>                 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>ANDREW F POLESOUSKY<br><hr/> Mailing Address 640 BRAHLER LANE<br><hr/> City MAUMEE State OH Zip Code 43537<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  | Transaction ID: 2009M04L21bpa00135<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1225.13   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>GENE R PREZOCKI<br><hr/> Mailing Address 10808 ANTIGUA TERR<br><hr/> City ROCKVILLE State MD Zip Code 20852<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00136<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1726.30   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>GENE R PREZOCKI<br><hr/> Mailing Address 10808 ANTIGUA TERR<br><hr/> City ROCKVILLE State MD Zip Code 20852<br><hr/> Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00137<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>1718.18   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4669.61

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1906 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>DEEPAK RAMNATH</p> <p>Mailing Address 3000 WASHINGTON BLVD</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00138</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1336.15"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DEEPAK RAMNATH</p> <p>Mailing Address 3000 WASHINGTON BLVD</p> <p>City ARLINGTON State VA Zip Code 22201</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00139</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1336.15"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RACHEL C REA</p> <p>Mailing Address 101 E MT ROYAL AVE</p> <p>City BALTIMORE State MD Zip Code 21202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00140</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1118.25"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>RACHEL C REA  | Transaction ID: 2009M04L21bpa00141                       |
|           | Mailing Address 101 E MT ROYAL AVE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | City State Zip Code<br>BALTIMORE MD 21202  | Amount of Each Disbursement this Period<br>1118.25       |
|           | Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Category/<br>Type  |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON F REEVES  | Transaction ID: 2009M04L21bpa00142                       |
|           | Mailing Address 605 CLARIDEN RANCH   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009 |
|           | City State Zip Code<br>SOUTHLAKE TX 76092  | Amount of Each Disbursement this Period<br>2300.83       |
|           | Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Category/<br>Type  |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>SHANNON F REEVES  | Transaction ID: 2009M04L21bpa00143                       |
|           | Mailing Address 605 CLARIDEN RANCH   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009 |
|           | City State Zip Code<br>SOUTHLAKE TX 76092  | Amount of Each Disbursement this Period<br>2295.02       |
|           | Purpose of Disbursement<br>PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>State: District: | Category/<br>Type  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5714.10 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1908 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>TASHA E. REID</p> <p>Mailing Address 4803 SOUTH DAKOTA</p> <p>City WASHINGTON State DC Zip Code 20017</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00144</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1209.43"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>TASHA E. REID</p> <p>Mailing Address 4803 SOUTH DAKOTA</p> <p>City WASHINGTON State DC Zip Code 20017</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00145</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1206.39"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>THOMAS J ROBERTS</p> <p>Mailing Address 7815A HARROWGATE CIR</p> <p>City SPRINGFIELD State VA Zip Code 22152</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00146</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1994.82"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1909 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>THOMAS J ROBERTS  | Transaction ID: 2009M04L21bpa00147   |
|    | Mailing Address 7815A HARROWGATE CIR   | Date of Disbursement<br>03 / 31 / 2009   |
|    | City SPRINGFIELD State VA Zip Code 22152   | Amount of Each Disbursement this Period<br>1994.82   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DAVID A ROMAN   | Transaction ID: 2009M04L21bpa00148   |
|    | Mailing Address 15023 OAK CREST CT   | Date of Disbursement<br>03 / 13 / 2009   |
|    | City MONTCLAIR State VA Zip Code 22025   | Amount of Each Disbursement this Period<br>1136.34   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>DAVID A ROMAN   | Transaction ID: 2009M04L21bpa00149   |
|    | Mailing Address 15023 OAK CREST CT   | Date of Disbursement<br>03 / 31 / 2009   |
|    | City MONTCLAIR State VA Zip Code 22025   | Amount of Each Disbursement this Period<br>1136.34   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4267.50 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1910 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>SARA C ROSE</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00150</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1951.07"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>SARA C ROSE</p> <p>Mailing Address 500 MONTICELLO BLVD</p> <p>City ALEXANDRIA State VA Zip Code 22305</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>     | <p><b>Transaction ID:</b> 2009M04L21bpa00151</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1951.08"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>JAMES M ROWLEY</p> <p>Mailing Address 1812 NORTH HOWARD ST</p> <p>City ALEXANDRIA State VA Zip Code 22304</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00152</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3623.75"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1911 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>JAMES M ROWLEY</p> <p>Mailing Address 1812 NORTH HOWARD ST</p> <p>City ALEXANDRIA State VA Zip Code 22304</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>  | <p><b>Transaction ID:</b> 2009M04L21bpa00153</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">3607.74</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 3607.74 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 3607.74  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>PATRICK V ROYAL</p> <p>Mailing Address 3511 DAVENPORT ST NW</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00154</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2188.07</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | 2188.07 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 1 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2188.07  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>PATRICK V ROYAL</p> <p>Mailing Address 3511 DAVENPORT ST NW</p> <p>City WASHINGTON State DC Zip Code 20008</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00155</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2188.07</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 2188.07 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 2188.07  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|         |
|---------|
| 7983.88 |
|---------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1912 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ANGELA R SAILOR</p> <p>Mailing Address 14321 DOWDEN DOWN</p> <p>City HAYMARKET State VA Zip Code 20169</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00156</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">4079.98</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | 4079.98 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 1 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 4079.98  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ANGELA R SAILOR</p> <p>Mailing Address 14321 DOWDEN DOWN</p> <p>City HAYMARKET State VA Zip Code 20169</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00157</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">4477.61</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 3 | 1 | / | 2 | 0 | 0 | 9 | 4477.61 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 3 | 1 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 4477.61  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>GERI B SANDERS</p> <p>Mailing Address 5905 TAYLOR ROAD</p> <p>City RIVERDALE State MD Zip Code 20737</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00158</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td>/</td><td>1</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1624.72</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 | / | 1 | 3 | / | 2 | 0 | 0 | 9 | 1624.72 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 0  | 3   | / | 1 | 3 | / | 2 | 0 | 0 | 9 |   |   |   |   |   |   |   |   |   |   |   |   |         |
| 1624.72  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |         |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

|                 |
|-----------------|
| <b>10182.31</b> |
|-----------------|

**TOTAL** This Period (last page this line number only) ..... ▶

|  |
|--|
|  |
|--|

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>GERI B SANDERS  | Transaction ID: 2009M04L21bpa00159   |
|    | Mailing Address 5905 TAYLOR ROAD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City RIVERDALE State MD Zip Code 20737   | Amount of Each Disbursement this Period<br>1617.75   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>GORDON K SCHOEPFLE  | Transaction ID: 2009M04L21bpa00160   |
|    | Mailing Address 6520 CHESTERFIELD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City MC LEAN State VA Zip Code 22101   | Amount of Each Disbursement this Period<br>2594.15   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>GORDON K SCHOEPFLE  | Transaction ID: 2009M04L21bpa00161   |
|    | Mailing Address 6520 CHESTERFIELD  | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City MC LEAN State VA Zip Code 22101   | Amount of Each Disbursement this Period<br>2585.06   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 6796.96 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1914 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MICHAEL CHRISTOPHER SCOTT</p> <p>Mailing Address 2111 JEFFERSON DAVIS</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00162</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1944.31"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>MICHAEL CHRISTOPHER SCOTT</p> <p>Mailing Address 2111 JEFFERSON DAVIS</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00163</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1944.31"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>RITA CATHARINE SECOR</p> <p>Mailing Address 5970 TRUMAN MANOR PL</p> <p>City WALDORF State MD Zip Code 20601</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00164</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3077.57"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1915 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>RITA CATHARINE SECOR<br><hr/> Mailing Address 5970 TRUMAN MANOR PL<br><hr/> City WALDORF State MD Zip Code 20601<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00165<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>3064.51 |
| B. | Full Name (Last, First, Middle Initial)<br>JENNIFER H SHEEHAN<br><hr/> Mailing Address 1341 CORCORAN ST NW<br><hr/> City WASHINGTON State DC Zip Code 20009<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00166<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>2423.77 |
| C. | Full Name (Last, First, Middle Initial)<br>JENNIFER H SHEEHAN<br><hr/> Mailing Address 1341 CORCORAN ST NW<br><hr/> City WASHINGTON State DC Zip Code 20009<br><hr/> Purpose of Disbursement PAYROLL<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L21bpa00167<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9<br><hr/> Amount of Each Disbursement this Period<br>2411.02 |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**7899.30**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1916 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>ANTOINE D SHORT</p> <p>Mailing Address 13003 JACKSON DRIVE</p> <p>City FT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00168</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">958.99</td> </tr> </table>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 | 9 | 958.99  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 1 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 958.99   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>ANTOINE D SHORT</p> <p>Mailing Address 13003 JACKSON DRIVE</p> <p>City FT WASHINGTON State MD Zip Code 20744</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00169</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">958.97</td> </tr> </table>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 | 9 | 958.97  |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 3 | 1 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 958.97   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>HEATHER L SIDWELL</p> <p>Mailing Address 3731 JENIFER ST NW</p> <p>City WASHINGTON State DC Zip Code 20015</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 2009M04L21bpa00170</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">2770.64</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 3 |  | 2 | 0 | 0 | 9 | 2770.64 |
| M  | M   | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0  | 3   |   | 1 | 3 |   | 2 | 0 | 0 | 9 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2770.64  |   |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>4688.60</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>HEATHER L SIDWELL<br>Mailing Address 3535 SOUTH BALL ST<br>City ARLINGTON State VA Zip Code 22202<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21bpa00171<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>2787.31<br>Category/Type                                      |

|  |  |
|--|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MICHAEL S STEELE<br>Mailing Address 16606 PLEASANT<br>City UPPER MARLBORO State MD Zip Code 20774<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21bpa00172<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>4990.18<br>Category/Type                                      |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MICHAEL S STEELE<br>Mailing Address 16606 PLEASANT<br>City UPPER MARLBORO State MD Zip Code 20774<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L21bpa00173<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>4990.18<br>Category/Type                                      |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 12767.67 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]      |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>WILLIAM L STEINER</p> <p>Mailing Address 610 N WEST STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00174</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4198.43"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>WILLIAM L STEINER</p> <p>Mailing Address 610 N WEST STREET</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00175</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="4198.43"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DAVID D THOMAS</p> <p>Mailing Address 19600 AQUASCO RD</p> <p>City AQUASCO State MD Zip Code 20608</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00176</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p style="text-align: center;"><input type="text" value="2162.93"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1919 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MARY E THOMAS   | Transaction ID: 2009M04L21bpa00177   |
|    | Mailing Address 811 CENTRAL HILLS LN   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009   |
|    | City LANDOVER State MD Zip Code 20785  | Amount of Each Disbursement this Period<br>445.42  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>DAVID D THOMAS  | Transaction ID: 2009M04L21bpa00178   |
|    | Mailing Address 19600 AQUASCO RD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City AQUASCO State MD Zip Code 20608   | Amount of Each Disbursement this Period<br>2162.93   |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MARY E THOMAS   | Transaction ID: 2009M04L21bpa00179   |
|    | Mailing Address 811 CENTRAL HILLS LN   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009   |
|    | City LANDOVER State MD Zip Code 20785  | Amount of Each Disbursement this Period<br>528.11  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3136.46</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>JONATHAN DAVID THOMPSON<br><hr/> Mailing Address 1000 NEW JERSEY AVE<br><hr/> City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21bpa00180<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>958.71  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>JONATHAN DAVID THOMPSON<br><hr/> Mailing Address 1000 NEW JERSEY AVE<br><hr/> City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <b>Transaction ID:</b> 2009M04L21bpa00181<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 3 1 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>958.71  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>TODD S VAN ETTEN<br><hr/> Mailing Address 1425 S. EADS ST<br><hr/> City ARLINGTON State VA Zip Code 22202<br>Purpose of Disbursement PAYROLL<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼             | <b>Transaction ID:</b> 2009M04L21bpa00182<br><b>Date of Disbursement</b><br>M M / D D / Y Y Y Y<br>0 3 / 1 3 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1406.76   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3324.18

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1922 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>BRADLEY J WALP  | Transaction ID: 2009M04L21bpa00186<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009                                 |
|    | Mailing Address 6940 FAIRFAX DRIVE   | Amount of Each Disbursement this Period<br>1768.06   |
|    | City ARLINGTON State VA Zip Code 22213   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>BRADLEY J WALP  | Transaction ID: 2009M04L21bpa00187<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 31 / 2009                                 |
|    | Mailing Address 6940 FAIRFAX DRIVE   | Amount of Each Disbursement this Period<br>1760.61   |
|    | City ARLINGTON State VA Zip Code 22213   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>LORI ANN WEBERG   | Transaction ID: 2009M04L21bpa00188<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 13 / 2009                                 |
|    | Mailing Address 320 23RD STREET S  | Amount of Each Disbursement this Period<br>966.65  |
|    | City ARLINGTON State VA Zip Code 22202   |  |
|    | Purpose of Disbursement PAYROLL<br>Candidate Name  | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 4495.32 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1923 / 1940

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>LORI ANN WEBERG</p> <p>Mailing Address 320 23RD STREET S</p> <p>City ARLINGTON State VA Zip Code 22202</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> 2009M04L21bpa00189</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1247.16"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>LINDSEY ANN WILLIAMS DRATH</p> <p>Mailing Address 4201 CATHEDRAL AVE</p> <p>City WASHINGTON State DC Zip Code 20016</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00190</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4297.26"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CAITLIN E WOHLFARTH</p> <p>Mailing Address 2208 40TH PLACE NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> 2009M04L21bpa00191</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.81"/></p> |

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**6699.23**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27             | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>CAITLIN E WOHLFARTH</p> <p>Mailing Address 2208 40TH PLACE NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p><b>Transaction ID:</b> 2009M04L21bpa00192</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1154.81"/></p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>DENNIS R WRIGHT</p> <p>Mailing Address 8603 BATTAILLES CT</p> <p>City ANNANDALE State VA Zip Code 22003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>      | <p><b>Transaction ID:</b> 2009M04L21bpa00193</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2793.57"/></p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>DENNIS R WRIGHT</p> <p>Mailing Address 8603 BATTAILLES CT</p> <p>City ANNANDALE State VA Zip Code 22003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>      | <p><b>Transaction ID:</b> 2009M04L21bpa00194</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2784.54"/></p> |

|   |  |
|---|--|
| <p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>      | <p><input type="text" value="6732.92"/></p>    |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p><input type="text" value="4662067.35"/></p> |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1925 / 1940

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |
|-----------|--|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement IN-KIND PHONING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L22tr00001<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009<br><hr/> Amount of Each Disbursement this Period<br>67.99                            |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>MAIN REPUBLICAN PARTY<br><hr/> Mailing Address 76 SILVER STREET<br><hr/> City WATERVILLE State ME Zip Code 04901<br><hr/> Purpose of Disbursement IN-KIND PHONING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:         | Transaction ID: 2009M04L22tr00001m<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009<br><hr/> Amount of Each Disbursement this Period<br>67.99<br><br><b>[MEMO ITEM]</b> |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br><hr/> Mailing Address 7300 HUDSON BLVD<br>SUITE 270<br><hr/> City SAINT PAUL State MN Zip Code 55128<br><hr/> Purpose of Disbursement IN-KIND PHONING<br>Candidate Name <span style="float: right;">Category/Type</span><br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: 2009M04L22tr00002<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 19 / 2009<br><hr/> Amount of Each Disbursement this Period<br>15.24                            |

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>83.23</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |              |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1926 / 1940

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|  |  |
|--|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>NEVADA REP ST CTRL COMM<br>Mailing Address 8625 WEST SAHARA AVE<br>City LAS VEGAS State NV Zip Code 89117<br>Purpose of Disbursement IN-KIND PHONING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L22tr00002m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>15.24<br>[MEMO ITEM]  |

|  |   |
|--|---|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>FLS CONNECT, LLC<br>Mailing Address 7300 HUDSON BLVD SUITE 270<br>City SAINT PAUL State MN Zip Code 55128<br>Purpose of Disbursement IN-KIND PHONING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L22tr00003<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|  | Amount of Each Disbursement this Period<br>658.88<br>[MEMO ITEM]  |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>WASHINGTON REPUBLICAN PARTY<br>Mailing Address 2840 NORTHUP WAY, SUITE 140<br>City B ELLEVUE State WA Zip Code 98004<br>Purpose of Disbursement IN-KIND PHONING<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Transaction ID: 2009M04L22tr00003m<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 9 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>658.88<br>[MEMO ITEM]   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 658.88 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | [ ]    |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>NEW YORK REP ST COMM  | Transaction ID: 2009M04L22tr00004<br>Date of Disbursement  |
|    | Mailing Address 315 STATE STREET   | <input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>                          |
|    | City ALBANY State NY Zip Code 12210  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TRANSFER   | <input type="text" value="25000.00"/>  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>NEW YORK REP ST COMM  | Transaction ID: 2009M04L22tr00005<br>Date of Disbursement  |
|    | Mailing Address 315 STATE STREET   | <input type="text" value="03"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>                          |
|    | City ALBANY State NY Zip Code 12210  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TRANSFER   | <input type="text" value="9000.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>NEW YORK REP ST COMM  | Transaction ID: 2009M04L22tr00006<br>Date of Disbursement  |
|    | Mailing Address 315 STATE STREET   | <input type="text" value="03"/> / <input type="text" value="03"/> / <input type="text" value="2009"/>                          |
|    | City ALBANY State NY Zip Code 12210  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement TRANSFER   | <input type="text" value="100000.00"/>   |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="134000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                   |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1928 / 1940

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>NEW YORK REP ST COMM<br>Mailing Address 315 STATE STREET<br>City ALBANY State NY Zip Code 12210<br>Purpose of Disbursement TRANSFER<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L22tr00007<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 1 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>100000.00  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>NRSC<br>Mailing Address 425 SECOND STREET NE<br>City WASHINGTON State DC Zip Code 20002<br>Purpose of Disbursement TRANSFER<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼         | Transaction ID: 2009M04L22tr00008<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000000.00   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>NRCC<br>Mailing Address 320 FIRST STREET SE<br>City WASHINGTON State DC Zip Code 20003<br>Purpose of Disbursement TRANSFER<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼          | Transaction ID: 2009M04L22tr00009<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000000.00   |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 2100000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |            |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1929 / 1940

|                              |  |                              |                              |                             |                              |
|------------------------------|--|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input checked="" type="checkbox"/> 22 | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a           | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|           |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-----------|--|--|-----------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.        | Full Name (Last, First, Middle Initial)<br>NEW YORK REP ST COMM  | Transaction ID: 2009M04L22tr00010<br>Date of Disbursement  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Mailing Address 315 STATE STREET   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M         | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 2 | 5 |  | 2 | 0 | 0 |
| M         | M  | /  | D         | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0         | 3  |  | 2         | 5 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|           | City ALBANY State NY Zip Code 12210  | Amount of Each Disbursement this Period  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Purpose of Disbursement<br>VOID-ISSUED IN ERROR 3/20/2009  | <table border="1"><tr><td>-25000.00</td></tr></table>  | -25000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| -25000.00 |  |  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Candidate Name   | Category/Type  |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|           | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |           |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|        |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|--------|--|--|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.     | Full Name (Last, First, Middle Initial)<br>REPUBLICAN STAT CMTE OF DE  | Transaction ID: 2009M04L22tr00011<br>Date of Disbursement  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Mailing Address 3301 LANCASTER PIKE SUITE 4B   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M      | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 1 | 7 |  | 2 | 0 | 0 |
| M      | M  | /  | D      | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0      | 3  |  | 1      | 7 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|        | City WILMINGTON State DE Zip Code 19805  | Amount of Each Disbursement this Period  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Purpose of Disbursement<br>OFF SET INKIND LINE 22  | <table border="1"><tr><td>281.25</td></tr></table>   | 281.25 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 281.25 |  |  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Candidate Name   | Category/Type  |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|        | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |        |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|       |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|-------|--|--|-------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.    | Full Name (Last, First, Middle Initial)<br>SOUTH DAKOTA REPUBLICAN PARTY   | Transaction ID: 2009M04L22tr00012<br>Date of Disbursement  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Mailing Address 42482 GOLFVIEW DRIVE   | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table> | M     | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 0 |  | 2 | 0 | 0 |
| M     | M  | /  | D     | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0     | 3  |  | 3     | 0 |   | 2 | 0 | 0 | 9 |   |   |   |   |   |  |   |   |  |   |   |   |
|       | City BRITTON State SD Zip Code 57430   | Amount of Each Disbursement this Period  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Purpose of Disbursement<br>REFUND  | <table border="1"><tr><td>80.00</td></tr></table>  | 80.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 80.00 |  |  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Candidate Name   | Category/Type  |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|       | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼   |       |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |  |            |
|--|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>-24638.75</td></tr></table>  | -24638.75  |
| -24638.75  |  |            |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td>2210103.36</td></tr></table> | 2210103.36 |
| 2210103.36   |  |            |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1930 / 1940

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
TEDISCO FOR CONGRESS INC

Mailing Address 1707 RT 9

City State Zip Code  
CLIFTON PARK NY 12065

Purpose of Disbursement

Candidate Name  
JAMES N TEDISCO

Office Sought:  House  
 Senate  
 President

State: NY District: 20

Disbursement For: 2009  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 2009M04L23fc00001

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....



**SCHEDULE F (FEC Form 3X)**  
**ITEMIZED COORDINATED EXPENDITURES MADE BY**  
**POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)**  
**ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**  
**(2 U.S.C. §441a(d))** (To be used only by Political Committees in the General Election)

PAGE 1932 / 1940  
 FOR LINE 25 OF FORM 3X

|  |  |
|--|--|
| NAME OF COMMITTEE (In Full)<br>REPUBLICAN NATIONAL COMMITTEE   |  |
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Full Name of Subordinate Committee<br>REPUBLICAN NATIONAL COMMITTEE                      |
| If YES, name the designating committee:<br>REPUBLICAN PARTY OF LOUISIANA   | Mailing Address<br>310 1ST ST SE<br>City: WASHINGTON      State: DC      ZIP Code: 20003 |

|  |  |   |   |         |   |         |   |         |     |  |     |  |         |
|--|--|---|---|---------|---|---------|---|---------|-----|--|-----|--|---------|
| Full Name (Last, First, Middle Initial) of Each Payee<br>SPECIAL SERVICES CONSULTING LLC |  | Purpose of Expenditure<br>COOR- PRINTING  |   |         |   |         |   |         |     |  |     |  |         |
| Mailing Address<br>P O BOX 10340   |  | Date<br><table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;">M M</td> <td style="text-align:center;">/</td> <td style="text-align:center;">D D</td> <td style="text-align:center;">/</td> <td style="text-align:center;">Y Y Y Y</td> </tr> <tr> <td style="text-align:center;">0 3</td> <td></td> <td style="text-align:center;">0 3</td> <td></td> <td style="text-align:center;">2 0 0 9</td> </tr> </table> |   | M M     | / | D D     | / | Y Y Y Y | 0 3 |  | 0 3 |  | 2 0 0 9 |
| M M  | /  |   |   | D D     | / | Y Y Y Y |   |         |     |  |     |  |         |
| 0 3  |  | 0 3   |   | 2 0 0 9 |   |         |   |         |     |  |     |  |         |
| City<br>NEW ORLEANS  | State<br>LA  | ZIP Code<br>70181   | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">228.05</div> |         |   |         |   |         |     |  |     |  |         |
| Name of Federal Candidate Supported<br>JOSEPH CAO  | Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> Presidential | State: LA<br>District: 02   |   |         |   |         |   |         |     |  |     |  |         |
| Aggregate General Election Expenditure for this Candidate ▶                              |  | 84200.00  | Transaction ID: 2009M04L25ce00002   |         |   |         |   |         |     |  |     |  |         |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Expenditures This Page (optional) .....       | 228.05 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 228.05 |



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 1934 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>MR JAMES B DRIVER   | Transaction ID: 2009M04L28ari00004   |
|    | Mailing Address 1290 SHILOH ROAD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City LAFAYETTE State TN Zip Code 37083   | Amount of Each Disbursement this Period<br>200.00  |
|    | Purpose of Disbursement REFUND   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>MR WALT PALMIERI  | Transaction ID: 2009M04L28ari00005   |
|    | Mailing Address 6764 SCHUYLER ROAD   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 30 / 2009   |
|    | City EAST SYRACUSE State NY Zip Code 13057   | Amount of Each Disbursement this Period<br>300.00  |
|    | Purpose of Disbursement REFUND   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>MR OLIVER T CARR  | Transaction ID: 2009M04L28ari00006   |
|    | Mailing Address 6037 RIDGE DRIVE   | Date of Disbursement<br>MM / DD / YYYY<br>03 / 06 / 2009   |
|    | City BETHESDA State MD Zip Code 20816  | Amount of Each Disbursement this Period<br>5210.00   |
|    | Purpose of Disbursement REFUND-OVER FEDERAL LIMIT 2008   | Category/Type  |
|    | Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
|    | State: District:   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 5710.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1935 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MR JOHN D CURTIS<br><hr/> Mailing Address 570 MANOR ROAD<br><hr/> City MAITLAND State FL Zip Code 32751<br><hr/> Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 | Transaction ID: 2009M04L28ari00007<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>23800.00  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MR ARMAND C DELLOVADE<br><hr/> Mailing Address 108 CAVASINA DRIVE<br><hr/> City CANONSBURG State PA Zip Code 15317<br><hr/> Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: 2009M04L28ari00008<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>3000.00   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MR J THOMAS DODSON<br><hr/> Mailing Address 75 PONTE VEDRA BLVD<br><hr/> City PONTE VEDRA BEACH State FL Zip Code 32082<br><hr/> Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L28ari00009<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>1000.00   |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 27800.00    |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1936 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MR JAMES R HEISTAND<br>Mailing Address 512 E WASHINGTON STREET<br>City ORLANDO State FL Zip Code 32801<br>Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: 2009M04L28ari00010<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>2500.00   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>KYLE A MCGRAW HOLDINGS LTD<br>Mailing Address 3004 BLUEBIRD<br>City MIDLAND State TX Zip Code 79705<br>Purpose of Disbursement<br>REFUNDED- INSUFFICIENT DONOR INFORMATION<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 2009M04L28ari00011<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>5000.00   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MR STEPHEN L WAY<br>Mailing Address 7941 KATY FWY #529<br>City HOUSTON State TX Zip Code 77024<br>Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                | Transaction ID: 2009M04L28ari00012<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 0 6 / 2 0 0 9 |
|   | Amount of Each Disbursement this Period<br>5000.00   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1937 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>MR J WAYNE WEAVER</p> <p>Mailing Address 2358 RIVERSIDE AVENUE<br/>UNITS 1005 &amp; 1006</p> <p>City JACKSONVILLE State FL Zip Code 32204</p> <p>Purpose of Disbursement<br/>REFUND-OVER FEDERAL LIMIT 2008</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 2009M04L28ari00013<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>6500.00</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>EENHOORN LLC</p> <p>Mailing Address 2680 HORIZON DR SE<br/>SUITE C</p> <p>City GRAND RAPIDS State MI Zip Code 49546</p> <p>Purpose of Disbursement<br/>REFUNDED- INSUFFICIENT DONOR INFORMATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>             | <p><b>Transaction ID:</b> 2009M04L28ari00014<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>CASKEY DRYWALL LLC</p> <p>Mailing Address 124 DESERT WILLWO WAY</p> <p>City AUSTIN State TX Zip Code 78737</p> <p>Purpose of Disbursement<br/>REFUNDED- INSUFFICIENT DONOR INFORMATION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                      | <p><b>Transaction ID:</b> 2009M04L28ari00015<br/><b>Date of Disbursement</b><br/>03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period<br/>500.00</p>  |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

12000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1938 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>MR ALEXANDER HAAGEN<br><hr/> Mailing Address 898 NORTH SEPULVEDA<br>SUITE 400<br><hr/> City EL SEGUNDO State CA Zip Code 90245<br><hr/> Purpose of Disbursement<br>REFUND-OVER FEDERAL LIMIT 2008<br>Candidate Name | Transaction ID: 2009M04L28ari00016<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009<br><hr/> Amount of Each Disbursement this Period<br>500.00   |
|   |   |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>MR CHRISTIAN L OBERBECK<br><hr/> Mailing Address 2 MACPHERSON DRIVE<br><hr/> City GREENWICH State CT Zip Code 06803<br><hr/> Purpose of Disbursement<br>OVER FEDERAL LIMIT<br>Candidate Name                        | Transaction ID: 2009M04L28ari00017<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009<br><hr/> Amount of Each Disbursement this Period<br>1000.00  |
|   |   |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>MR CHRISTIAN L OBERBECK<br><hr/> Mailing Address 2 MACPHERSON DRIVE<br><hr/> City GREENWICH State CT Zip Code 06803<br><hr/> Purpose of Disbursement<br>OVER FEDERAL LIMIT<br>Candidate Name                        | Transaction ID: 2009M04L28ari00018<br>Date of Disbursement<br>MM / DD / YYYY<br>03 / 10 / 2009<br><hr/> Amount of Each Disbursement this Period<br>-1000.00 |
|   |   |

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1939 / 1940

|                              |   |                              |                              |                             |                              |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22             | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>SUE SHEKUT  | Transaction ID: 2009M04L28ari00019<br>Date of Disbursement<br>03 / 30 / 2009   |
|    | Mailing Address 2314 W SUPERIOR #3E  | Amount of Each Disbursement this Period<br>150.00  |
|    | City CHICAGO State IL Zip Code 60612   |  |
|    | Purpose of Disbursement REFUND   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial)<br>MR MIKHAIL GORETOY  | Transaction ID: 2009M04L28ari00020<br>Date of Disbursement<br>03 / 30 / 2009   |
|    | Mailing Address 1414 REQUA ROAD  | Amount of Each Disbursement this Period<br>100.00  |
|    | City CHERRYVILLE State NC Zip Code 28021   |  |
|    | Purpose of Disbursement REFUND   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial)<br>MR & MRS EDGAR R NORWOOD  | Transaction ID: 2009M04L28ari00022<br>Date of Disbursement<br>03 / 10 / 2009   |
|    | Mailing Address 340 MAIN   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City LIBERTY State TX Zip Code 77575   |  |
|    | Purpose of Disbursement REFUND   |  |
|    | Candidate Name   | Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | ▶ | 1250.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 60195.00 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1940 / 1940

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25            | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
REPUBLICAN NATIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)  
CROSSROADS HOUSE

Mailing Address PO BOX 403

City BATAVIA State NY Zip Code 14021

Purpose of Disbursement  
DONATION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 2009M04L29od00001  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional) .....

100.00

TOTAL This Period (last page this line number only) .....

100.00